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BOROUGH OF ROYAL TUNBRIDGE WELLS.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND THE

School Medical Officer

For the Year 1925.

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

Tunbridge Wells—
BALDWIN, GROSVENOR WORKS.
1472/26.





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BOROUGH OF ROYAL TUNBRIDGE WELLS.

HEALTH COMMITTEE :*

Mr. Alderman CARPENTER (Chairman).

THE MAYOR (Mr. Alderman C. E. Westbrook).

Mr. Alderman CALEY.
Councillor Miss BAKER.
Mr. Councillor EDWARDS.

Mr. Councillor HEMPSON.
Mr. Councillor OATEN.
Councillor Miss POWER.

MATERNITY AND CHILD WELFARE COMMITTEE :*

Mr. Alderman CARPENTER (Chairman).

THE MAYOR (Mr. Alderman C. E. Westbrook).

Councillor Miss BAKER.
Mr. Councillor DOWN.
Mr. Councillor LUCK.
Mr. Councillor OATEN.
Councillor Miss POWER.

Mr. Councillor HEMPSON.
Mrs. PAYNE.
Miss SCOTT.
Mrs. HAMMOND.

STAFF :

Senior Sanitary Inspector :

H. T. TAYLOR, M.R.S.I., M.S.I.A.

Inspectors :

E. J. WELLS, A.R.S.I.

W. P. CAVE, A.R.S.I.

Clerk :

F. HICKS.

Second Clerk :

H. J. BELLINGHAM.

Maternity and Child Welfare Nurse :

Miss E. RICE OXLEY.

Health Visitors :

Miss F. CLARK.

Miss J. DONALDSON.

Matron of the Isolation Hospital :

Miss E. BROCKLEHURST.

Public Analyst :

A. H. M. MUTER, F.I.C.

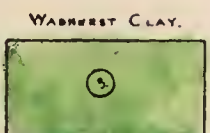
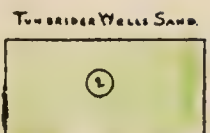
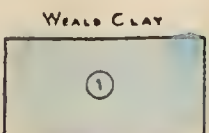
Medical Officer of Health and Medical Officer for Maternity and Child Welfare :

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

* The present constitution of Committees is given above.



MAP SHEWING SURFACE GEOLOGICAL STRATA
IN TUNBRIDGE WELLS.



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To the Mayor, Aldermen and Burgesses of the Borough of Royal Tunbridge Wells.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit to you a report upon the sanitary circumstances and vital statistics of the Borough for the year ending 31st December, 1925.

In accordance with instructions received from the Ministry of Health, the present report is a Survey Report and is of a more comprehensive character than that usually issued. The Ministry desires that reports for 1925 should deal with

(1) The measure of progress made in the area during the preceding five years in improving the public health.

(2) The extent and character of any changes made during that period in local health services, preventive and curative.

(3) Any further action of importance in the organisation or development of the public health services contemplated by the Local Authority, or considered advisable by the Medical Officer of Health.

(1). The lowered mortality amongst the young, the increased longevity of the inhabitants, and the diminution in the incidence of infectious diseases, are set out in the body of the report, illustrated by tables showing the progress made over a period of years.

(2). The chief additions made in the past five years to the means of improving the health of the inhabitants of Tunbridge Wells, have lain in the direction of safeguarding the commencement of life. Suitable and convenient premises for Child Welfare work have been provided by the Corporation ; a Maternity Home has been started by voluntary effort.

Referring to (3), viz. :—future developments contemplated, the immediate needs lie in the direction of improved provision for the health of children of school age, more particularly for the physically defective child ; and for safeguarding the health of the

inhabitants in general by improving our Borough's facilities for housing those who are unsuitably housed, and by improving our method of dealing with town refuse. More adequate water supply is being provided, and the pure and wholesome quality of the fresh supply contemplated appears as well assured as the quality of the supply already in use. Instruction of the public in hygiene, and in methods calculated to reduce the mortality from common diseases such as cancer, has been undertaken, and will be more fully undertaken.

Much has been done ; much remains to be done. The spread of knowledge of methods of cleanliness and healthy living amongst all classes will go far to prevent the seeds of ill-health and disease from being sown.

In concluding this foreword, I desire to express my cordial thanks to each and every member of my staff and to all members of the Borough Council, in particular those with whom I am chiefly associated on Committees, for the active support which they have given to me during the past year in the task of promoting the health of the inhabitants of Tunbridge Wells.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

1.—General Statistics.

CENSUS 1921.	{	Area (acres), 3,991.
		Population, 35,568 (preliminary figure).
		„ 34,270, corrected for holiday population by Registrar-General.
		Number of structurally separate sets of premises intended or used for habitation, 8,178.
		Number of separate occupiers, 8,774.

Population, Mid-year 1924, 34,080 (Registrar-General).

Rateable value, £362,650.

Sum represented by a penny rate :—

On Borough Rate £1,459.

On General District Rate £1,440.

Mean annual temperature, F. 49.4.

Total rainfall, 32.81 inches.

Hours of bright sunshine, 1,662 hours, 36 minutes.

2.—Extracts from Vital Statistics of the Year.

	Total.	Males.	Females.
Births—Legitimate	404	220	184
„ Illegitimate	24	9	15
Still Births	22	10	12
Birth rate (Registrar-General) 12.6 per thousand.			

Deaths 465 198 267

Crude death rate (Registrar-General), 13.6.

Death rate corrected for age and sex constitution, 9.9 per thousand (factor for correction, 0.731).

Number of women dying in, or in consequence of, child birth—
—from sepsis, 0 ; from other causes, 2.

Deaths of infants under one year of age, per 1,000 births :—

Legitimate, 32.1 ; Illegitimate, 83.2. Total, 35.0.

	Total.	Males.	Females.
Deaths from Measles (all ages)	0	0	0
„ „ Whooping Cough (all ages) ...	0	0	0
„ „ Diarrhœa, etc. (under 2 years of age)	2	0	2

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

1.—Population.

The population at mid-year in 1925, as estimated by the Registrar-General, was 34,080. It is probable that this figure is under-estimated and that the actual population is about 36,000. The census correction for holiday population was misleading, as numbers of the residents were abroad on holiday at the time of the census and no note was taken of these as a set-off to deductions for holiday immigrants.

2.—Physical Features and General Character.

The Borough of Royal Tunbridge Wells covers 3,991 acres. It is built upon hills, the altitude above sea level varying from 220 feet at the bottom of the valley in which the historic mineral springs are situated, to 500 feet at the Blackhurst Collecting Reservoir; most of the houses stand at a level between 300 and 450 feet. Its climate is therefore breezy and bracing, with sheltered spots for those who live in the valleys. It lies in the extreme south-west corner of Kent, $34\frac{1}{2}$ miles from London. The Parish of Broadwater Down, with its houses nestling close to the pines of Broadwater Forest, is actually in the County of Sussex, though for administrative purposes it is considered along with the rest of the Borough as belonging to Kent. The area in which the town lies was once a portion of the bed of the delta of a huge and ancient river, draining lands to the west of the British Isles. The most superficial and recently deposited stratum in the immediate neighbourhood is the Weald Clay found in the Kent and Sussex Wealds, of which patches are found in the Borough, the largest being in the St. John's area. This Weald Clay, with the exception of the patches mentioned, has been denuded in the Borough, exposing the next layer:—Tunbridge Wells Sands; this sandstone layer predominates in Tunbridge Wells. At the High Rocks end and the High Brooms end, in the valleys formed by two small streams, the Tunbridge Wells Sands

are in turn denuded, exposing the next geological stratum, viz. :—the Wadhurst Clay. Underneath the Wadhurst Clay is the stratum known as the Hastings Sandstone from which water supplies for the Borough are drawn by means of artesian wells situated at Pembury Waterworks. The Hastings Beds have no outcrop in Tunbridge Wells, their main outcrop in the neighbourhood being in Ashdown Forest. A skeleton map of the surface geological strata in the Borough is attached.

As may be expected from the different soils and from the large amount of sunshine enjoyed annually, the vegetation is remarkably varied; pine and birch trees and heather exist in the sandstone areas; oak, beech and elm trees on the clay patches. The soil is porous and dries rapidly after rain. In the centre of the town lies Tunbridge Wells Common, and to the west Rusthall Common, possessing between them 250 acres of breezy slopes, on which gorse, heath, bracken, may trees, and many other varieties of trees and shrubs are found. The wide views obtainable from these Commons, and their exposure to fresh breezes, make Tunbridge Wells a favourite resort for those in need of rest and pure air amid pleasant surroundings.

3.—Meteorological Notes.

Records for the Meteorological Office, of which a summary follows, are kept by the staff of the Health Department and have been so kept since 1st July, 1914.

The annual inspection of the station by an inspector of the Meteorological Office took place on 15th July, and the report on the station was satisfactory.

The total amount of sunshine recorded was 1,662 hours 36 minutes. The mean is 1,614 hours 12 minutes. The most sunny day was June 11th, when 14 hours 54 minutes were recorded. There were 58 sunless days, 61 being the average.

The highest temperature in the sun was 141 degrees, on July 24th.

The mean temperature in the shade for the year was 49.4 degrees, the average being 49.1.

The mean daily range was 14.3, the average being 14.6.

The temperature in the shade four feet above the ground was highest, 84 degrees, on June 11th, and lowest, 19 degrees, on December 19th.

The temperature in the shade first reached :—

60 degrees on April 8th.

70 ,, ,, May 14th.

80 ,, ,, June 6th.

last reached—

80 degrees on July 22nd.

70 ,, ,, October 6th.

60 ,, ,, October 31st.

The hottest night was July 22nd, when the temperature did not go below 64 degrees.

The last frost in the air in spring was on April 22nd, and the first in the autumn was on October 15th. The last on the grass in spring was on June 19th, and the first in the autumn was on September 5th.

The rainfall amounted to 32.81 inches, the average being 29.64 inches. It fell on 170 days, the average being 173.

The most rain that fell on one day was 1.47 inches on July 22nd.

The wind at 9 a.m. was N. 30 days, N.E. 43 days, E. 6 days, S.E. 37 days, S. 31 days, S.W. 105 days, W. 48 days, N.W. 65 days.

The mean amount of cloud at 9 a.m. was 6.2, 6.8 being the average; ten representing overcast. Thunder and lightning occurred on 15 days.

There were 21 fogs, and it was misty on 45 other mornings.

METEOROLOGICAL NOTES.

Months.	Sunshine.		Rainfall.		Mean Temperature.		Temperature Underground.			
	In Inches.		In shade, 4ft. above ground.		One Foot.				Four Feet.	
	1925.	29 Year Average.	1925.	48 Year Average.	1925.	35 Year Average.	1925.	25 Year Average.	1925.	11 Year Average.
January ...	Hrs. Mins. 55 54	Hrs. Mins. 52 30	2.98	2.55	°F 41.9	°F 38.5	°F 41.9	°F 39.5	°F 45.5	°F 44.2
February ...	69 42	74 36	4.09	2.29	41.8	39.2	42.1	39.3	44.7	43.1
March ...	96 6	122 30	1.14	2.24	41.2	41.9	41.9	41.8	43.8	43.4
April ...	145 42	158 36	2.65	2.02	46.0	46.3	46.5	46.5	45.9	45.6
May ...	231 42	216 24	2.98	1.97	53.8	53.0	54.7	54.1	50.7	50.6
June ...	281 24	202 30	0.16	2.00	60.1	57.9	62.1	60.1	57.6	55.9
July ...	198 54	211 12	4.11	2.39	62.8	61.3	63.0	63.1	59.8	58.5
August ...	171 12	197 24	1.74	2.47	61.0	60.7	62.6	62.6	60.9	60.0
September ...	138 18	159 42	2.07	2.32	53.7	56.7	57.5	58.3	59.3	58.9
October ...	124 24	108 18	3.89	2.84	52.2	50.1	54.4	52.7	56.3	55.9
November ...	89 36	68 54	3.39	3.25	40.4	43.1	49.3	45.3	51.6	50.5
December ...	59 42	41 36	3.61	3.30	37.9	40.2	40.1	41.5	45.2	46.3
WHOLE YEAR	1,662 36	1,614 12	32.81	29.64	49.4	49.1	51.3	50.4	51.8	51.1

4.—Social Conditions.

Tunbridge Wells is a residential town to which many persons retire from business to spend the latter part of their lives ; it also serves as a residential town for London business men, for whom there is a good train service to town in the morning, and back in the evening : and it is a large shopping centre. The occupations of the inhabitants are governed by these conditions ; there are no large factories, but there are numerous motor works and garages ; house painters, builders, builders' labourers, gardeners, drivers and conductors of motor chars-a-bancs, and for the female population, laundries and domestic service. There are also many shop assistants of both sexes, as Tunbridge Wells is a shopping centre for a considerable area. Some of the inhabitants are employed at the Tunbridge Wells Brickworks situated just outside the Borough boundary ; the Photochrome Works employ a number of girls.

5.—Recreations.

Numerous healthful recreations are provided for both the inhabitants and visitors ; for instance, a large portion of Calverley Park, situated in the centre of the town, has been acquired by the Corporation recently and converted into a charming pleasure ground in which tennis courts, a miniature golf course and a bowling green are all available. Bands play daily during the Summer Season. In addition, facilities for tennis and bowls are provided in other Public Parks. There are two golf courses within the Borough boundary, viz. :—the Culverden (18 holes) and the Spa (9 holes), and a third, Nevill Golf Course (18 holes), is situated within easy access just outside the Borough boundary. There are ample facilities for football and cricket, county matches being played here during Cricket Week in July. Facilities for swimming are provided at the Indoor Baths and at the Open-air Bath.

VITAL STATISTICS.

BIRTHS.—From figures supplied by the Registrar-General the total number of births *registered* as properly belonging to Tunbridge Wells is 428 (229 males, 199 females). This corresponds to a rate of 12.6 per thousand, as compared with 12.1 per thousand in 1924. Nine males and 15 females were born out of wedlock, giving an illegitimate rate of 5.6 per cent., as compared with 5.1 per cent. in 1924. The number of births *registered* is smaller than in any years of the present century save 1917 and 1923.

The births *notified* during the year as occurring in the Borough numbered 465, and consisted of 243 males and 222 females ; of these, 10 males and 12 females were stillborn.

DEATHS.—480 deaths were registered in the Borough during 1925, and there were 86 outwardly transferable deaths and 71 inward transfers, thus making the total number of deaths belonging to the district 465. This gives a crude death rate of 13.6 per thousand. In order to compare it with that of the country generally, a figure for correction has been supplied by the Registrar-General, as the age and sex constitution of the Tunbridge Wells population differs considerably from that of the general population of the Kingdom. On applying the correction figure (0.731) the death rate in the Borough is 9.9 per thousand. This correction figure has been prepared from the population as enumerated at the recent census.

I stated in my last Report that the correction figure then in use (0.8683) should be smaller, as an increase in average longevity and an increased immigration of elderly persons have occurred since this figure was calculated. The new correction figure (0.731) bears out this contention, which was based upon a study of the annual mortality tables of the Borough. The number of deaths of persons under 25 years of age in 1925, was 38, as compared with 34

deaths in 1924 in the Borough. Both figures are smaller than any previously recorded.

Table showing the average number of Deaths at several ages for six consecutive periods of five years.

	1896 to 1900.	1901 to 1905.	1906 to 1910.	1911 to 1915.	1916 to 1920.	1921 to 1925.	1925.*
Deaths at under 1 year ...	72	57	46	40	36	23	15
„ 1 and under 2 } ...	25	29	23	16	{ 6	3	1
„ 2 „ 5 } ...	21	11	10	16	{ 9	5	4
„ 5 „ 15 ...	20	13	14	12	15	6	5
„ 15 „ 25 ...	121	141	141	145	21	10	13
„ 25 „ 45 } ...	154	178	205	234	{ 47	36	30
„ 45 „ 65 } ...					{ 107	104	105
„ 65 and upwards ...					245	276	292

* The Mortality for 1925 is inserted for comparison.

Contrast the first five-yearly period, *i.e.*, 1896-1900, with the most recent, 1921-1925, and bear in mind that the population was some four thousand less in the former period. Under one year of age the deaths were three times as numerous in 1896-1900 ; the same applies from one to five years of age : from 5 to 15 years of age—the school period—they were four times as numerous. From 15 to 25 years of age, deaths were twice as numerous ; from 25 to 65 years of age they were slightly more numerous in the latter period, *viz.* :—1921-1925, and from 65 years and upwards the deaths were nearly twice as numerous in the latter period. It is at once evident that the health of the youthful population has improved to a remarkable extent, and that the longevity of the inhabitants has greatly increased. Moreover, in 1925 more than one quarter of the deaths of young persons between the ages of 1 and 20 years, were due to violence, and not to ill-health. More than half of those who die are now 65 years and upwards, whereas in 1900, only one-third of the deaths occurred after 65 years. The average population in the years 1896-1900, was roughly 31,000 ; the average population in 1921-1925, was over 35,000.

In studying the Health Reports of Tunbridge Wells for past years, I note that in the year 1891, the late Dr. William Stamford, then Medical Officer of Health for the Borough, mentions, not without a certain amount of pride, that the average age of those who died during the year was 42 years. The corresponding figure for 1925, viz.:—the average age at death, is 63.9 years. This means that the expectation of life for a baby born in Tunbridge Wells to-day is 22 years longer than the expectation of life for a baby born in Tunbridge Wells 34 years ago.

Consider now individual diseases or groups of diseases which contribute to the record of deaths. A study of the numbers who died from different diseases during the five-yearly periods from 1886 onwards shows that, while some diseases have contributed more largely to the death rate recently than they did thirty years ago, others have diminished either largely or slightly. Take, for instance, cancer. This disease is a disease of later life: we should naturally expect that the prolongation of human life, causing as it does a much increased population at what we may call “the cancer age,” will bring about a corresponding increase in the number of deaths from cancer. A study of the table below will show that this is what actually has happened.

Turning to the deaths from Tuberculosis, it should be noticed that the number has decreased fairly steadily, though the post-war period, 1916-20, showed an increase. The decrease in pulmonary tuberculosis is *nearly* fifty per cent.; the decrease in other forms of tuberculosis *exceeds* fifty per cent. Taking into account the increase of population in 1921-25, as compared with 1886-90, about half the number of deaths from tuberculosis occurred in the latter period as compared with the former. Progress in combating this disease is slow, but sure. Improved housing conditions and less overcrowding will go far towards reducing the number of sufferers, a number which is still much too large.

INFECTIOUS DISEASES.—For the sake of comparison the same zymotic diseases have been included in the 1921 to 1925 group as in previous groups. The remarkable drop in numbers is due to the practical disappearance of fatal cases amongst diseases such as Diarrhœa and Enteritis, and Scarlet Fever. Diphtheria, though still not infrequently fatal, has diminished to one-fifth of its former incidence. Diarrhœa and Enteritis have been thoroughly attacked from several different angles. For instance, parents have been educated in the hygiene of infancy through the Infant Welfare Centres; safer forms of food, *e.g.*, dried milks, have come into use where artificial feeding is needed. Some knowledge of vitamin-containing foods enables deficiency diseases to be promptly dealt with. Enteric Fever, when it does occur, is usually of the milder type associated with the para-typhoid bacillus, and most of our few cases are imported in the holiday season. On the other hand, certain infectious diseases have of recent years come into prominence and have been given a definite place as notifiable diseases; amongst these are Encephalitis Lethargica, sometimes called “sleepy sickness,” Cerebro-Spinal Fever, and Acute Poliomyelitis, generally known from its results as “infantile paralysis”; Malaria and Pneumonia.

The deaths from Influenza have not varied much, apart from the period 1916 to 1920, which showed a considerable increase due to the epidemic of 1918, in which 97 deaths occurred. Methods of control are not fully satisfactory, though much can be done by individuals abstaining from visiting crowded meetings during epidemic periods.

Deaths from violence, it should be noted, have increased. This is no doubt due to our roads being crowded with transport which moves at a much greater rate than in the past. It is unfortunate that many such deaths take toll of young life.

DEATHS FROM

Five-Yearly Period.	Cancer.	Tubercu- losis.		Infec- tious Di- seases.	Vio- lence.	In- fluenza.
		Pul- mon.	Non- Pul.			
1886 to 1890	139	201	69	98	45	*
1891 „ 1895	158	174	103	110	44	*
1896 „ 1900	170	131	91	179	62	84
1901 „ 1905	226	167	61	104	45	67
1906 „ 1910	251	154	48	90	35	87
1911 „ 1915	260	133	46	110	49	60
1916 „ 1920	310	150	62	59	50	178
1921 „ 1925	328	111	32	27	65	64

* Reliable figures not available.

INFANT MORTALITY, 1925.—15 deaths of infants below one year of age occurred, being 35.0 per thousand born—the lowest rate yet recorded—as compared with an infant mortality of 75 per thousand in England and Wales generally ; the stillbirths numbered 22. The average infant mortality in Tunbridge Wells during the previous ten years was 67.9 per thousand. It is noteworthy that amongst the 15 infants who died, only one was over three months of age, while nine were in their first week of life ; this means that the majority of deaths were due to causes operating during the period of expectant motherhood.

A table graphically illustrating the rate of infant mortality in Tunbridge Wells and in England and Wales for the past 35 years is appended.

The number of deaths of infants in Tunbridge Wells is relatively small, and therefore the rate rises and falls in a steep curve compared with the England and Wales infantile death rate, but the average trend is steadily downwards.

In Table IV. is given in detail a list of the causes of infant deaths in 1925.

GRAPHIC RECORD OF INFANT MORTALITY.

(Number of Deaths per 1,000 Births in Tunbridge Wells 1891 to 1925 (35 years).

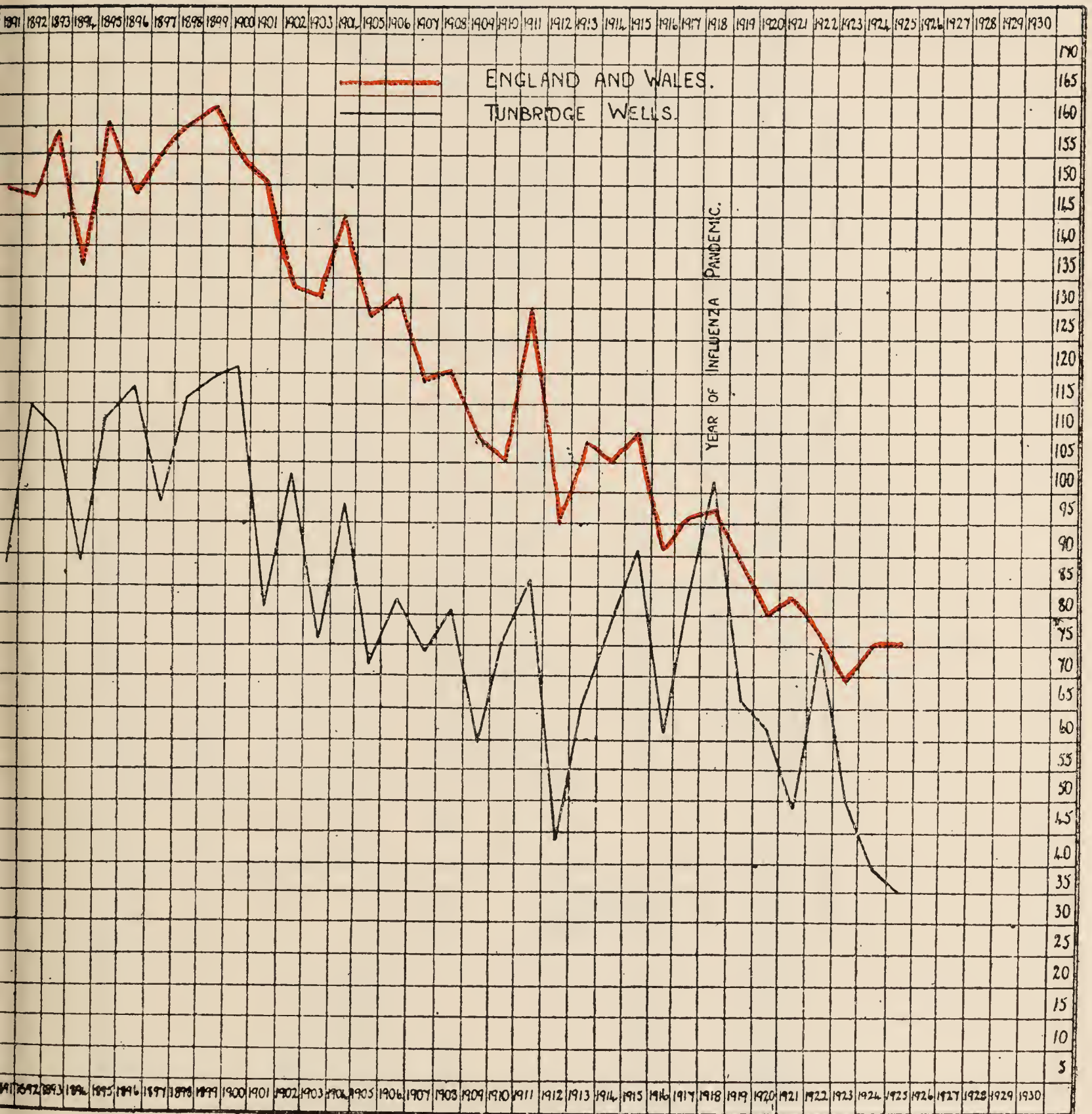


Table I.
Birth-rate, Death-rate, and Analysis of Mortality during the Year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	BIRTH-RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 Years).	Total Deaths under One Year.	Causes of Death Certified by Registered Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.
England and Wales ...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and 96 Great Towns, including London ...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000—50,000) ...	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London ...	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Tunbridge Wells ...	12.6	9.9	0.00	0.00	0.00	0.03	0.00	0.03	0.41	0.35	2.3	35	94.2	5.4	0.4

Table II.—NOTIFIABLE DISEASES FOR YEAR 1925.

DISEASE.	Total cases notified (All ages.)	Under 1 year.	1 year and under 2 years.	2 years and under 3 years.	3 years and under 4 years.	4 years and under 5 years.	5 years and under 10 years.	10 years and under 15 years.	15 years and under 20 years.	20 years and under 35 years.	35 years and under 45 years.	45 years and under 65 years.	65 years and over	Cases admitted to hospital.
Diphtheria ...	14	...	1	1	...	2	3	2	1	3	1	...	...	14
Scarlet Fever...	72	...	...	1	3	4	34	20	5	5	...	...	...	69
Enteric Fever (including Paratyphoid)...	3	...	...	...	...	...	1	1	...	1	...	...	...	2
Pneumonia ...	38	4	2	3	2	1	2	2	4	5	4	5	4	...
Erysipelas ...	11	1	...	...	...	...	...	...	...	4	...	5	1	1
Encephalitis		...	...	...	...	...	...	...	...	...	...	...	...	...
Lethargica	3	...	...	...	...	...	...	1	...	...	2	...	...	...
Puerperal Fever	1	...	...	...	...	...	...	...	...	...	1	...	...	...

TABLE III.

Causes of, and Ages at Death during the Year 1925.

CAUSES OF DEATH.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.												Total Deaths whether of Residents or Non-Residents in Institutions in the District.	
	ALL AGES.	Under 1 year.	1 and under 2 years.	2 and under 3 years.	3 and under 4 years.	4 and under 5 years.	5 and under 10 years.	10 and under 15 years.	15 and under 20 years.	20 and under 35 years.	35 and under 45 years.	45 and under 65 years.		65 years and upwards.
All Causes { Certified Uncertified	463 2	15 ...	1 ...	1 ...	1 ...	2 ...	2 ...	3 ...	5 ...	18 ...	20 ...	105 ...	290 2	129 ...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	1	...	...	...	...	...	1	...	...	1	...	2	10	1
Influenza	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	17	...	...	...	...	...	...	...	...	5	6	5	1	7
Other Tuberculous diseases	4	1	...	...	...	...	1	1	...	...	1	...	...	4
Cancer, malignant disease	75	...	...	...	...	...	...	...	...	...	3	21	51	30
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	5	...	...	...	...	...	...	...	1	...	...	...	4	1
Cerebral hæmorrhage, etc.	31	...	...	...	...	...	...	...	...	1	...	4	26	5
Heart disease	80	...	...	...	...	...	...	...	...	1	...	26	53	5
Arterio-sclerosis	23	...	...	...	...	...	...	...	...	...	...	3	20	2
Bronchitis	22	...	...	...	...	...	...	...	...	...	...	4	18	...
Pneumonia (all forms)	26	2	1	...	...	...	...	...	1	1	4	4	13	9
Other respiratory diseases	4	...	...	...	...	...	...	...	...	1	...	2	1	1
Ulcer of stomach or duodenum	5	...	...	...	...	...	...	...	...	...	...	3	2	3
Diarrhoea, etc. (under 2 years)	2	2	...	...	...	...	...	...	...	2	...	2	...	7
Appendicitis and Typhlitis	4	...	...	...	...	...	...	...	...	1	1	2	...	1
Cirrhosis of liver	4	...	...	...	...	...	...	...	...	...	1	5	11	6
Acute and Chronic Nephritis	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	2	...	...	...	...	...	...	...	...	1	1	...	...	1
Congenital debility and malformation, premature birth	7	6	...	...	...	...	...	...	...	1	...	3	...	3
Suicide	4	...	...	...	...	...	...	...	...	1	...	3	5	...
Other deaths from violence	12	...	...	1	1	...	...	...	1	...	...	3	77	12
Other defined diseases	105	4	...	...	...	...	...	1	2	2	3	16	...	30
Causes ill defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...

NETT BIRTHS IN THE YEAR:—		NETT DEATHS IN THE YEAR:—	
Legitimate	404	Certified	...
Illegitimate	24	Uncertified	...
			463
			2

TABLE IV.

INFANT MORTALITY.

1925. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year.
All causes { Certified ...	9	—	1	—	10	4	—	1	—	15
{ Uncertified	—	—	—	—	—	—	—	—	—	—
{ Small-pox ...	—	—	—	—	—	—	—	—	—	—
{ Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
{ Measles ...	—	—	—	—	—	—	—	—	—	—
{ Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
{ Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
{ Whooping-cough ...	—	—	—	—	—	—	—	—	—	—
{ Diarrhœa ...	—	—	—	—	—	—	—	—	—	—
{ Enteritis ...	—	—	—	—	—	—	—	1	—	1
{ Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
{ Abdominal Tubercu-	—	—	—	—	—	1	—	—	—	1
{ losis ...	—	—	—	—	—	—	—	—	—	—
{ Other Tuberculous	—	—	—	—	—	—	—	—	—	—
{ Diseases ...	—	—	—	—	—	—	—	—	—	—
{ Congenital Malforma-	—	—	—	—	—	—	—	—	—	—
{ tions ...	—	—	—	—	—	—	—	—	—	—
{ Premature Birth ...	4	—	—	—	4	—	—	—	—	4
{ Atrophy, Debility and	—	—	—	—	—	—	—	—	—	—
{ Marasmus ...	—	—	—	—	—	—	—	—	—	—
{ Atelectasis ...	2	—	—	—	2	—	—	—	—	2
{ Injury at Birth ...	—	—	—	—	—	—	—	—	—	—
{ Erysipelas ...	—	—	—	—	—	—	—	—	—	—
{ Syphilis ...	—	—	1	—	1	—	—	—	—	1
{ Rickets ...	—	—	—	—	—	—	—	—	—	—
{ Meningitis (not Tuber-	—	—	—	—	—	—	—	—	—	—
{ culous) ...	—	—	—	—	—	—	—	—	—	—
{ Convulsions ...	—	—	—	—	—	—	—	—	—	—
{ Gastritis ...	—	—	—	—	—	1	—	—	—	1
{ Laryngitis ...	—	—	—	—	—	—	—	—	—	—
{ Bronchitis ...	—	—	—	—	—	—	—	—	—	—
{ Pneumonia (all forms) ...	—	—	—	—	—	2	—	—	—	2
{ Suffocation (overlying)	—	—	—	—	—	—	—	—	—	—
{ Other causes ...	3	—	—	—	3	—	—	—	—	3
Totals ...	9	—	1	—	10	4	—	1	—	15

Poor Law Relief.—The approximate amount of Poor Law Relief in the Parish of Tunbridge Wells for the year was £5,200.

GRATUITOUS MEDICAL RELIEF.

The Tunbridge Wells General Hospital caters for the population of Tunbridge Wells and for a wide district around. A fund has been collected for extending the hospital whose 86 beds are insufficient to cope with the demand. The in-patients in 1925 numbered 1,300 ; Theatre operations numbered 699, and operations performed in the out-patients' department under a general anæsthetic numbered 406 ; out-patients numbered 5,288, making 52,611 attendances. There is a large and well-equipped electrical department which offers radiant heat, radiant light, X-ray and radium treatment, also massage and electrical treatment. An orthopædic centre giving remedial exercises has been established and several of the children attending the elementary schools in the Borough had the advantage of this treatment in 1925. Arrangements are under consideration for organising this branch of the work more thoroughly, so that all who require such treatment may take advantage of the facilities of the hospital.

The Tunbridge Wells Eye and Ear Hospital deals with a greatly increased number of patients since the advent of an aural surgeon, in addition to an ophthalmic surgeon. The following table speaks for itself in this respect :—

Year.	Out-Patients.	Attendances.	In-Patients.	Theatre Operations.
1921	2,339	5,115	303	284
1922	2,144	4,718	282	257
1923	2,105	4,736	289	265
1924	2,303	7,314	391	348
1925	2,615	8,917	478	476

At the **Homœopathic Hospital**, which has 22 beds, there were 205 in-patients in 1925, and 134 theatre operations were performed. 4,672 attendances of out-patients were made and 84 minor operations were performed in the out-patients' department.

The Local Branch of the **Royal Surgical Aid Society** is performing an increasing amount of work annually ; for instance, in 1925, 724 appliances were supplied at a cost of £1,568 2s. 3d.; this number of appliances showed an increase of 87 over the number supplied in 1924. I desire to make grateful acknowledgment to this Society for extending to me the privilege of sending school children whose parents are unable to afford glasses when ordered by the ophthalmic surgeon, to the optician, with the Society's letters initialled by myself as School Medical Officer. Such letters are only given after due enquiry into the home circumstances and the optician does not accept such letters for school children unless thus initialled.

The Provident Dispensary, 106, Upper Grosvenor Road. The number of members of this institution for the year ended 30th September, 1925, was as follows :—Above the age of 16 years, 714 ; under the age of 16 years, 329 ; total, 1,043.

Tunbridge Wells Central Aid Society.—This Society performs very useful work in assisting to send persons to Convalescent Homes, in particular I am deeply indebted to the Invalid Children's Aid Branch which arranges for school children in need of treatment at Convalescent Homes, and with which your School Medical and Child Welfare services keep in constant touch. The amount disbursed in pensions and special cases during 1925 was £514, dealing with 76 cases. The Invalid Children's Aid Branch gave assistance amounting to £95 to 25 children during the year.

The Tunbridge Wells District Nursing Association has a staff of five nurses. 502 cases were dealt with in the year, 31st March, 1925, to 31st March, 1926, of which 115 were maternity cases. The total number of visits made was 13,725, of which 11,959 were general, 1,596 maternity, and 170 ante-natal. I have had the privilege of serving on the

Committee of this useful Association for several years ; and I am thus in close touch with the valuable work done by the District Nurses. The Corporation has also made arrangements under the terms of the Maternity and Child Welfare Act, 1918, whereby the services of a District Nurse may be obtained for the home nursing of a child suffering from certain specified diseases, *e.g.*, ophthalmia neonatorum, measles or whooping cough with broncho-pneumonia, where, in the opinion of the Medical Officer of Health, the home conditions require such services. The nurse acts under the direction of the Medical Attendant, and a fee is paid to the Association for her services.

Maternity Home, Upper Grosvenor Road. A long-felt want in Tunbridge Wells and neighbourhood has been met by the opening of the Maternity Home, consisting of two large semi-detached houses in Upper Grosvenor Road. Extensive alterations were made, throwing the two houses into one. The Home has eight beds, five in the general ward, two in private wards and one in an isolation ward. It also accommodates the staff. The Home was formally opened on 29th April, 1925, by Mrs. Neville Chamberlain, wife of the Minister for Health. Sixty confinements took place in the eleven months ending March 31st, 1926; 35 of the mothers were Tunbridge Wells mothers, the remainder coming from the surrounding district. This is an auspicious commencement to the work of the new Home—exceeding the expectations of any save the most sanguine. The Tunbridge Wells Corporation entered into an agreement under which, by payment of a suitable subsidy, patients recommended by the Borough Medical Officer can be admitted to the Home. This agreement commences on 1st April, 1926, and should prove of value where the home surroundings are unsuited to confinement. Co-ordination with the work of the Home is well maintained, as the Borough Medical Officer of Health serves on the Committee.

of Management and also acts as Administrative Medical Officer for the Home.

Other Homes in Tunbridge Wells.—There is a branch of Dr. Barnardo's Home in Park Road, Hurstleigh Holiday Home in Bishops Down, and a Convalescent Home at Hawkenbury. These institutions deal almost entirely with children from London. There is also a small Rescue and Preventive Home in Upper Grosvenor Road.

Tuberculosis Dispensary.—The Kent County Council has a branch Dispensary for tuberculous cases at 34, Calverley Street. The attendances at this Dispensary during 1925 were as follows :—

					Male.	Female.
					Insured.	
New cases (attending for the first						
time	...	...	...	...	25	19
					Uninsured.	
Ditto	ditto	...	...	...	37	44
Contacts	ditto	(included in above)			17	10
					Insured.	
Total attendances (excluding above)					164	34
					Uninsured.	
Ditto	ditto	...	...	...	315	578

Tunbridge Wells and District Public Dental Service.—This is an association of legally qualified dental practitioners. Persons who are unable to afford large fees are treated here for small sums. The number of new patients attending in 1925 was 567, and the total number of attendances was 1,897.

Census Population.—The 1921 Census returns afford a few interesting details about Tunbridge Wells. The first

striking feature is the large excess of females over males, the numbers being 14,360 males and 21,191 females. The average age of males is 33.4, that of females 37.2, the latter being the highest average age recorded in the county. The number of married women aged less than 45 is only 169 per thousand females of all ages, the lowest proportion in the county. The birth rate per thousand is 12.6 as compared with 18.3 for England and Wales. The low proportion of married women of child-bearing age accounts for the apparently low birth rate, as a large number of the residents are past this age, both on account of longevity of the inhabitants and because of the immigration of elderly persons.

Occupations.—Tunbridge Wells has the highest proportion of painters and almost the highest proportion of gardeners in the county. It also ranks amongst the highest for those engaged in commercial occupations, being only surpassed by Margate. Professional occupations also rank high in Tunbridge Wells, though Bromley and Beckenham, being nearer London, surpass it in this respect.

The proportion of females over twelve years returned as occupied is much higher in residential than in industrial areas in Kent, the highest proportions being in Margate, Bromley, Tunbridge Wells and Beckenham, and the lowest in Gillingham, Chatham, Erith and Dover. This is explained by domestic service, in which Tunbridge Wells and Bromley have the highest individual percentages.

Overcrowding.—With regard to crowded dwellings, the percentage of the total private family population living in houses with more than two persons per room is 2.2. It is hoped that when another census is taken this 2.2 per cent. so closely housed, will have better accommodation.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidised by the Local Authority or by the County Council :—

1.—**Tuberculosis.**—There is no hospital for the treatment of Tuberculosis in the neighbourhood of Tunbridge Wells. The County Council makes arrangements for the treatment of suitable cases in hospitals situated in other parts of the county. The provision does not fully meet the need, as early cases often have long periods of waiting for admission.

2.—**Maternity.**—The treatment of Maternity cases is undertaken in the Voluntary Home already mentioned, situated in Upper Grosvenor Road.

3.—**Children.**—No children's hospital is provided or subsidised by the Local Authority or by the County Council in Tunbridge Wells. Children are treated in the General Hospital, Eye and Ear Hospital, and Homœopathic Hospital. Fees are paid by the Local Authority to these hospitals in the case of operative treatment upon elementary school children for enlarged tonsils and adenoids.

4.—**Fever.**—The Borough has its own Fever Hospital which is situated on its southern boundary, 450 feet above sea level. The site is an excellent one, airy and open, with a southern exposure and wide view over valleys and woodland. There is accommodation in the wards in use, for 40 adult patients, allowing 2,000 cubic feet air space per bed. Sixty beds and cots are available for use in case of need, but the number of patients seldom exceeds forty. Considerable improvement has been made in the heating arrangements during 1925 ; in the diphtheria block a central heating coke stove was installed in the kitchen, providing hot water at all times for the patients and for washing-up purposes in the block. A similar stove was installed in the " B "

block, and early in 1926 the large Scarlet Fever block has had a stove of suitable size installed to heat the baths and, to a certain extent, the wards, by means of hot water circulation ; geysers have therefore been done away with, and the ready supply of hot water in all wards is much appreciated by the staff.

The Hospital has a large garden which supplies vegetables for most of the year for the patients and staff, also a fairly large amount of fruit in summer time, thus saving expense in catering.

5.—Smallpox.—A conjoint Smallpox Hospital is situated at Capel some four and a half miles from Tunbridge Wells. It has 20 beds and is under the administration of a Board representing Tunbridge Wells, Tonbridge, and Southborough Urban Districts, and the Tonbridge Rural District. The situation of this hospital is an excellent one for the purpose, being well away from human habitation in the midst of open and high lying country. A caretaker and his wife live in the house on the premises and are responsible for keeping the hospital in good order and ready for use in case it should be required.

No special institutional provision is made for unmarried mothers, illegitimate infants or homeless children. The Infirmary of the Poor Law Union, situated at Pembury, deals with most of these cases.

AMBULANCE FACILITIES.

(a) **For Infectious Cases.**—Two ambulances are kept on the Isolation Hospital premises, one somewhat heavy and out-of-date. Horses are hired as required to remove cases to the hospital. The question of replacing these by a motor ambulance is under consideration.

(b) **For Non-infectious and Accident Cases.**—The Borough Police Force has a motor ambulance which proves of great

service for cases of this type. In addition, the St. John Ambulance Brigade has an ambulance which can be hired for removal of sick persons, etc.

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare Centres.—There is a Maternity and Child Welfare Centre at 35, Calverley Street, provided by the Tunbridge Wells Borough Council, consisting of a detached house with seven rooms. The main waiting room is large, consisting of two rooms made into one. There is a branch centre at Rusthall where meetings are held in the St. John Ambulance Brigade (Rusthall Section) Room.

Day Nurseries.—There are none in Tunbridge Wells.

School Clinics.—The School Clinic is at the Public Health Offices, Calverley Parade. The premises consist of four rooms provided by the Borough Education Committee.

Tuberculosis Dispensaries.—The Tuberculosis Dispensary is provided by the County Council and consists of a detached house at 34, Calverley Street, next door to the Maternity and Child Welfare Centre; its accommodation is similar to that of the Child Welfare Centre.

Treatment Centres for Venereal Diseases.—Venereal Diseases are treated at the General Hospital, Tunbridge Wells, there being one consultation day per week for men and one for women. The arrangements are under the control of the Kent County Council.

PUBLIC HEALTH STAFF.

A list of the staff of the Public Health Department is given at the beginning of this report. Up to the end of 1925, the time of two nurses was utilized as follows:—one-fifth Health Visitor and four-fifths School Medical

Services ; the third nurse spent her time entirely on Maternity and Child Welfare work. In addition to the regular members of the Public Health Department mentioned on the front page of the report, Dr. C. Elliott, M.R.C.S., L.R.C.P., is appointed to take holiday duty during the Medical Officer's annual leave.

I have to report with regret the death of the late Chief Sanitary Inspector, Mr. James Cave, who retired in October, 1925, and died suddenly a few weeks later. He had served the Borough Corporation faithfully and well for many years, and the loss was widely felt. The vacant post of Senior Sanitary Inspector was filled by Mr. Harry Taylor, who, with the two assistant Sanitary Inspectors, carried on the duties until the end of 1925. Since that date two changes have been made in the staff, Mr. Eric J. A. Bettle being appointed as an additional assistant Sanitary Inspector, commencing duties on 5th May, 1926, and Miss Annis I. Ponting being appointed on the Health Visiting staff, commencing duties on the 1st May, 1926. Mr. Taylor, the Senior Sanitary Inspector, holds the Certificate for Meat Inspection, and the two Health Visitors and School Nurses hold certificates of proficiency in school nurses' and health visitors' work from approved bodies. The Maternity and Child Welfare Nurse possesses the Royal Sanitary Institute's certificates for health visitor, school nurse, tuberculosis nurse and the C.M.B. certificate.

Contributions are made :—

- (a) Under the Public Health Act towards the salaries of the Medical Officer of Health and Senior Sanitary Inspector.
- (b) By Exchequer grants towards the salaries of the School Medical Officer, Ophthalmic Surgeon, Dental Surgeon, School Nurses, and Chief Clerk of the Health Offices, whose time is equally divided between health and school medical duties. There is also a

contribution towards the part-time services of Dr. C. Elliott, who assists with school medical inspections up to the number of one thousand routine inspections annually.

- (c) By Exchequer grant towards the salaries of the Medical Officer for Maternity and Child Welfare and of the Maternity and Child Welfare Nurse.
- (d) By Exchequer grant towards the fees of the Analyst under the Food and Drugs Act.

PROFESSIONAL NURSING IN THE HOME.

(a) **General.**—The Tunbridge Wells District Nursing Association, which is affiliated to the Queen's Jubilee Nursing Association and supported by voluntary contributions, undertakes home nursing when required. A report of its work has already been given.

(b) **For Infectious Diseases.**—So far as the Borough Council is concerned, an arrangement is made whereby the services of a District Nurse can be obtained for attending in the home of cases of Ophthalmia Neonatorum, Measles, Whooping Cough, etc., under the Maternity and Child Welfare Act, 1918. It is in the discretion of the Medical Officer of Health to call for these services as required ; no call was made during 1925.

Midwives.—No subsidy is made by the Local Authority to practising Midwives. As has frequently been stated, the Child Welfare work of the Borough, so far as attention to expectant motherhood is concerned, labours under a serious disadvantage in that the Borough Council and its Officers do not supervise the work of the local Midwives, the control being vested in a distant body, the Kent County Council. The number of Midwives practising in Tunbridge Wells during the year was nine.

BOROUGH BACTERIOLOGICAL LABORATORY, PUBLIC HEALTH OFFICE.

The number of specimens examined in the Borough Laboratory during 1925, is set out in the following table :—

Specimens examined for presence of Diphtheria					
Bacillus	...	...	...	...	433
				Positive. Negative.	
From Isolation Hos-					
pital cases	...	20		81	
From outside sources		21		311	
Hairs examined for pre-					
sence of Ringworm	...	7		6	13
		Total	...	...	446

In addition to the above, specimens were examined at the County Laboratory, Sessions House, Maidstone, as follows :—

		Positive. Negative.
49 specimens for Tubercle Bacillus	11	38
16 Blood Examinations for		
Typhoid or Para-Typhoid	3	13
2 Stools ditto ditto	—	2
*39 Swab Examinations for Diph-		
theria	3	36
106	17	89

* These examinations were kindly undertaken during my absence on holiday.—F.C.L.

Chemical Work.—Chemical analyses of specimens of water, milk, and other forms of food, and drugs, are carried out by the Public Analyst, Mr. A. H. Mitchell Muter, of the South London Laboratories. The work done is reviewed under the Food and Drugs Acts.

LEGISLATION.

The **Tunbridge Wells Improvement Act of 1890**, to which Royal assent was given on 14th August, 1890, is in force. Parts 2, 3, 4, 6, 7 and 12 relate to Public Health, dealing with water supply, sanitary provision of buildings and streets, common lodging-houses, infectious diseases, slaughter-houses and public baths.

The Public Health Amendment Act, 1907.—Of this Act, which was declared to be in force within the Borough on 3rd April, 1911, the following sections have been adopted :—

Part	I.	Sections 1-14.
„	II.	„ 17, 21-24, 26-30, 32 and 33.
„	III.	„ 34-42, 45, 47-51.
„	IV.	„ 52-66, 68.
„	V.	„ 69-75.
„	VI.	„ 76, 77.
„	X.	„ 93 and 95.

Drainage Bye-laws were approved by the Council and have been amended under the **Public Health Act, 1925**, of which the following parts were adopted and put into force on 1st March, 1926 :—Parts II., III., IV. and V. (with the exception of sections 14, 20, 29, 34 and 35).

Fresh Bye-laws relating to Slaughter-houses came into force in the Borough in March, 1925. Under these, use of the humane killer for slaughtering all animals is obligatory.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—The water supply of Tunbridge Wells is drawn from springs issuing from the stratum known to geologists as the Tunbridge Wells Sandstone. The springs are situated in unfrequented woodland areas, in which inhabited buildings are few and distant ; the risk of pollution is well guarded against. For roughly one-half of the year the

supply of water from the springs meets the requirements of the Borough. During the remaining portion of the year, artesian borewells, seven in number, give an ample and pure supply of water to supplement the flow from the springs. The Artesian Wells are situated at Pembury, where there is a large reservoir, capable of holding 42,000,000 gallons. From this reservoir the water is pumped to a distributing reservoir at Blackhurst, Pembury, over 500 feet above sea level. Thence it is distributed through the mains by force of gravity to the areas supplied. A certain amount of iron contained in solution in this deep well water is effectively removed by the use of Candy Oxidising Pressure Filters, six in number. The Artesian Wells are bored through the Wadhurst Clay and take their supply from the underlying Ashdown Sands; the nearest point at which the Ashdown Sands reach the surface is some miles distant from the borewells. The water enters six open filter beds at Pembury, having an area of about one acre. An analysis, made by the Borough Analyst, reads as follows :—

Specimen from 15in. Main in Pembury Road.

Chemical Analysis.

<i>Determination.</i>				<i>Parts per 100,000.</i>
Free and Saline Ammonia	...	...	...	None
Albuminoid Ammonia	...	...	...	0.0030
Oxygen absorbed at 80° F.	}	in 15 minutes	...	0.0059
		in 4 hours	...	0.0117
Nitric Nitrogen	...	...	...	0.49
Chlorine	...	...	...	2.7
Equivalent to Sodium Chloride	...	...	...	4.4
Total Solid Matter (Dried at 180° C.)	...	...	...	21.0
Temporary Hardness	...	...	...	4.25
Permanent Hardness	...	...	...	4.0
Appearance in two-foot tube	...	...	...	Colourless and Clear
Metals (Lead, Copper, Zinc, Iron)	...	...	...	Slight trace of Iron

BACTERIOLOGICAL ANALYSIS.

Description of Sample.	No. of organisms per cubic centimetre capable of growing.		B. Coli Communis Presumptive Test		
	On standard Gelatin in 4 days at 22 C.	On standard Agar-Agar in 24 hours at 37 —38 C.	100 C.C.	10 C.C.	1 C.C.
From 15in. Main in Pembury Road ...	30	None	—	—	—

The results of both chemical and bacteriological analyses show the water to be remarkably pure and to be a drinking water of excellent quality. Until the dry season of 1921, the sources of water supply already mentioned fully sufficed to meet all needs, not only of the Borough, but of the neighbouring villages of Langton, Speldhurst, Stockland Green, and part of Pembury. Further consideration of the supplies after 1921 has resulted in the selection of a fresh site for boring an artesian well between Fordcombe and Penshurst, the layer to be tapped being the same as at Pembury, viz. :—the Ashdown Sands, but at a point about seven miles distant, on the opposite side of the boundary. The application made to the Ministry of Health for this purpose was sanctioned early in 1926. The water supply is a constant one and the number of dwelling-houses supplied is 7,700, with a population of 42,000.

Rivers and Streams.—All the water courses in the Borough are small in volume, and periodical inspections have shown them to be in a satisfactory state.

Drainage and Sewerage.—The Borough sewage drains towards two sewage farms, one at the northern end and the other at the southern end of the town. The North Sewage Farm is 187 acres in extent, and the South Farm 197 acres. At the South Farm a portion of the sewage is treated by

means of percolating bacteria beds. The effluents from both Sewage Farms are frequently analysed and give satisfactory results. Sewage from a portion of the town lying north of Mount Ephraim, is dealt with by pumping across to join the sewage which proceeds to the South Farm.

Closet Accommodation.—There are no privies in the Borough. Six pail closets are in use in houses situated in the rural outskirts of the Borough. 74 water closets are connected to properly constructed cesspools, all the rest being connected to the public sewers.

Scavenging.—Refuse, both domestic and trade, is collected and removed in covered carts once weekly. Trade refuse is collected daily from premises where this is necessary. Covered dustbins are very largely in use and where fixed brick receptacles are found to be defective, efforts, usually successful, are made to abolish them and substitute galvanised iron bins. Refuse is conveyed to tips situated near High Brooms Brickworks, Forest Road Brickworks, and near the Rusthall Allotments.

The covered carts, some of which are antiquated, have not proved wholly satisfactory in preventing refuse such as papers, etc., blowing about the streets on windy days. Modern motor dust collectors are being substituted and are a great improvement.

Disposal of Refuse.—Disposal of refuse is under review at the present moment and a visit from an expert on the subject at the Ministry of Health is awaited. There has been much nuisance from flies, rats, etc., in the past, and it is hoped that a more efficient method of dealing with the refuse will prevent this nuisance in future.

Schools.—All schools in the area are supplied with town water, and—with the exception of Rusthall Boys'

School, which drains to a cesspool in private grounds—are connected to the public sewers.

The schools were closed from 23rd to 26th January inclusive, on account of an outbreak of catarrhal fever, and the closure of one class on account of the occurrence of a first case of measles was arranged from the 10th to 16th March inclusive.

Sanitary Inspection of Area.—The illness of the late Chief Sanitary Inspector prevented the work which was carried out in housing inspection, etc., from being as extensive as usual. The addition of an assistant inspector to the staff on May 1st, 1926, will enable this work to be more fully undertaken in the future. A great deal of property in the town has deteriorated and needs minor repairs to put it in good habitable order. Attached is the report of the Chief Sanitary Inspector, Mr. H. T. Taylor, who commenced duties in October, 1925.

The table submitted herewith gives classified statements as to the number of premises visited, defects remedied, etc.

Informal notices were served in respect of 48 premises and formal notices respecting ten premises, and all these notices had been complied with at the end of the year.

- 98 Complaints received and investigated.
- 10 Premises in respect of which statutory notices have been served.
- 48 Premises in respect of which informal notices have been served.
- 49 Houses, drains and sanitary fittings inspected.
- 668 Visits of re-inspection or to work in course of progress.
- 12 Drains re-constructed.
- 26 Drains repaired.
- 35 Choked drains cleared and cleansed.
- 31 Inspection chambers constructed.
- 33 Inspection chambers repaired.
- 18 Drain ventilation shafts erected or repaired.
- 9 Soil pipes erected.
- 11 Soil pipes repaired.
- 26 W.C.'s re-constructed and provided with flushing apparatus.
- 50 Flushing apparatus repaired.
- 51 Efficient traps substituted for inefficient ones.
- 51 Rain-water and waste pipes disconnected from drains or repaired and made to discharge over properly trapped gullies.
- 41 Yards and areas paved or paving repaired.

- 7 New w.c. buildings and apparatus constructed.
- 43 W.C.'s cleansed and repaired.
- 14 New sinks provided.
- 17 New lavatory basins provided.
- 54 Old sinks provided with new waste pipes.
- 23 Eaves gutters repaired.
- 6 Doors repaired.
- 28 Windows repaired.
- 42 Walls repaired.
- 21 Floors repaired.
- 13 Air inlets under floors provided.
- 23 Roofs repaired.
- 3 Food cupboards ventilated to the outer air.
- 78 Rooms stripped and distempered or limewashed.
- 41 Dustbins provided or repaired.
- 131 Special inspections of back yards and premises.
- 10 Inspections of stable yards and manure pits.
- 20 Offensive accumulations removed.
- 30 Visits *re* destruction of rats.
- 197 Inspections of slaughter-houses.
- 10 Inspections of cowsheds, dairies, and milkshops.
- 2 Inspections of common lodging-houses.
- 42 Inspections of food shops.
- 3,628 lbs. food unfit for human consumption seized and destroyed.
- 229 Visits, interviews, etc., *re* work to be carried out.
- 1 Workroom limewashed.
- 11 Visits to workshops.
- 14 Visits *re* overcrowding.

Works carried out under the Infectious Diseases Acts.

- 99 Visits to infected houses.
- 98 Rooms disinfected.
- 1,470 Articles of clothing disinfected.
- 3 Loads of bedding removed to the disinfectory and returned to the respective owners.
- 1 Visit to disinfect public buildings, including Hospitals, etc.
- 12 Loads of bedding destroyed.

Smoke Abatement.—No action was necessary.

HOUSING.

The present shortage of houses available for letting to the working classes is placed approximately at 100, viz. :—
12 to replace unsatisfactory property which needs condemning
and 88 to provide additional accommodation to alleviate overcrowding.

General Housing Conditions are on the whole satisfactory although many houses are in want of repairs. Several weather-boarded houses exist and certain of these will

require special attention in the near future as they are becoming dilapidated. A few areas are somewhat congested.

Several cases of **overcrowding** were brought to notice during the year, the majority being due to the shortage of houses. In minor cases no action was deemed possible, in other cases the inmates were re-distributed over the rooms to minimise the overcrowding. In the worst cases it was insisted that certain of the inmates find other accommodation and where possible assistance was rendered in obtaining other rooms for the people affected.

The general character of the defects found to exist were defective flushing cisterns to W.C.s, defective traps, rainwater pipes not disconnected from drains, defective sink wastepipes, dirty rooms, etc.

The majority of the defects were due to the lack of proper management and supervision by owners. At the same time certain tenants could not be held blameless as doubtless many obstructed drains, defective wastepipes, etc., may have been caused by their neglect and wilful misuse, while nuisances from dirty rooms were aggravated by the filthy habits of a few tenants.

Generally speaking, owners appeared ready to comply with any reasonable requests immediately on the receipt of informal notices and in no case was it necessary to institute police court proceedings to obtain compliance with a notice.

The bye-laws in force within the district relating to common lodging-houses, slaughter-houses, nuisances, etc., have been enforced during the year. No underground sleeping rooms exist and therefore the necessity for regulations regarding these does not arise. It may be advisable to consider in the near future the adoption of bye-laws governing houses let in lodgings, owing to the tendency to sub-let houses.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :—

(a) Total (including numbers given separately	
under (b))	79
(b) With State assistance under the Housing Acts :—	
(i.) By the Local Authority	Nil
(ii.) By other bodies or persons	47

I.—UNFIT DWELLING-HOUSES.

Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	69
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	40
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	Nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	40

II.—Remedy of Defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	40
---	----

III.—Action under Statutory Powers.

A. *Proceedings under section 3 of the Housing Act, 1925.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners	Nil
(b) by Local Authority in default of owners ...	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	10
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	10
(b) by Local Authority in default of owners ...	Nil

C. *Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.*

(1) Number of representations made with a view to the making of Closing Orders	Nil
(2) Number of dwelling-houses in respect of which Closing Orders were made	Nil
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil

INSPECTION AND SUPERVISION OF FOOD.

As far as can be judged, the **Milk Supply** of the Borough is of a good average standard and is distributed under satisfactory conditions, bottles becoming more generally used. Many dairies have been improved and those at the larger shops leave but little to be desired. The smaller dairies are kept as well as possible, but in certain cases the facilities for cleansing vessels are not as adequate as they might be. Several small general dealers, registered as purveyors, have given up the sale of milk and a further reduction in the number is to be anticipated.

The cowsheds in the Borough have been visited. Certain of these leave much to be desired as regards their general construction.

The various Orders governing dairies and milkshops have been enforced during the year.

Eight dealer's licences to use the designation "Certified Milk" were issued during the year, five of these being issued to one firm. No other licences under the Milk (Special Designations) Order, 1923, were issued. There was no refusal or revocation of registration of retailers or of licences for graded milk.

The slaughter-houses have been periodically visited as far as possible at times of slaughter, 197 visits being made during 1925. No arrangements have been made for the marking of meat. Proceedings were taken against two butchers for failing to give notice of intention of slaughter. As these were the first cases taken under the **Meat** Regulations they were dismissed on payment of costs, a caution being given.

Several shops still have open fronts, although several proprietors have agreed to have proper shop fronts put in, and it is hoped to further improve premises in due course.

Only one stall exists in the Borough and this has received attention.

New bye-laws governing slaughter-houses came into force during the year.

The following tables give the number of slaughter-houses :—

Public Slaughter-houses.

Nil.

Private Slaughter-houses.

	In 1920	In January, 1925.	In December, 1925.
Registered	5	5	5
Licensed	1	1	1
Total	6	6	6

Other Foods.—Unsound food destroyed during the year amounted to 1 ton 12 cwt. 1 qr. 16 lbs., and comprised the following :—

Beef	...	1,438 lbs.	...	(1,298 lbs. tubercular).
„ Offals	272	„	...	(70 „ „ „).
Mutton	...	92	„	
Pork	...	591	„	... (All tubercular).
Pigs' Heads	115	„	...	„
„ Offals	62	„	...	(32 lbs. tubercular).
Veal	...	77	„	
Fish	...	189	„	
Fruit	...	770	„	
Corned Beef	12	„		

Also 210 eggs and 1½ bushels of whelks.

FOOD AND DRUGS, 1925.

	Examined.		Adulterated.		Remarks.
	Formal.	Informal	Formal.	Informal	
Milk	24	25	1	4	5
		49			
Cheese	—	6	—	—	—
Butter	—	16	—	—	—
Jam	—	5	—	—	—
Margarine ...	—	4	—	—	—
Lard	—	5	—	—	—
Lemon Drink ...	—	1	—	1	1
		3			
Sponge Cakes ...	—	3	—	—	—
Mustard Condiment	—	1	—	—	—
Camphorated Oil	—	2	—	—	—
Boric Ointment	—	2	—	—	—
Pepper	—	2	—	—	—
	24	72	1	5	6
		96			

No. 5 (inf.), 8 per cent. deficient in fat. Cautioned.
 No. 6 (inf.), 5 per cent. deficient in fat. Cautioned.
 No. 15 (form.), 5 per cent. deficient in fat. Cautioned.
 No. 69 (inf.), 19 per cent. added water.
 No. 3 (inf.), 3½ per cent. added water.
 Further samples taken subsequently.
 7 samples contained preservative.
 4 samples contained preservative.
 Minute trace of soluble copper salt. Vendor interviewed, and instructions given as to further use of soda water fountain.

In addition to the above, two samples of full cream and two of machine skimmed condensed milk were submitted for analysis and pronounced to comply with the regulations.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1925.

(1.) *Milk ; and Cream not sold as preserved cream.*

	(a) Number of Samples examined for the pre- sence of a preserva- tive.	(b) Number in which a preservative was re- ported to be present and percentage of pre- servative found in each sample.
Milk	49	Nil
Cream	1	„

(2.) *Cream sold as preserved cream.*

(a) Instances in which samples have been sub-
mitted for analysis to ascertain if the state-
ments on the label as to preservatives were
correct ... Nil.

(b) Determinations made of milk fat in cream
sold as preserved cream ... Nil.

(c) Instances where (apart from analysis) the re-
quirements as to labelling or declaration of
preserved cream in Article v. (1) and the
proviso in Article v. (2) of the Regulations
have not been observed ... Nil.

(d) Particulars of each case in which the Regula-
tions have not been complied with, and action
taken ... Nil.

(3.) *Thickening substances.*

Any evidence of their addition to cream or to
preserved cream. Action taken where found... Nil.

(4.) *Other observations, if any.*

All milk samples submitted for analysis were tested for
preservatives.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

A summary follows of the notifiable infectious diseases which occurred during each month of the year 1925. 142 cases were notified during the year.

Seasonal Incidence of Acute Infectious Diseases, 1925.

Month.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Erysip- elas.	Ophthal- mia Neona- torum.	Encep- halitis lethar- gica.	Pneu- monia.	Malaria.	Puer- peral Fever.
January ...	4	—	—	1	—	—	7	—	—
February ...	—	—	—	—	—	—	6	—	1
March ...	1	2	—	—	—	1	8	—	—
April ...	1	2	1	1	—	—	3	—	—
May ...	6	—	—	1	—	1	5	—	—
June ...	10	—	—	1	—	—	1	—	—
July ...	5	2	—	—	—	1	1	—	—
August ...	3	1	—	2	—	—	1	—	—
September ...	1	—	—	3	—	—	—	—	—
October ...	5	2	—	1	—	—	1	—	—
November ...	19	5	2	—	—	—	1	—	—
December ...	17	—	—	1	—	—	4	—	—
Total ...	72	14	3	11	—	3	38	—	1

There has been no marked epidemic of infectious disease during the five years, 1920 to 1925.

Diphtheria.—The incidence of diphtheria, the infectious disease which has the highest fatality per cent., has fortunately been slight throughout the five years since 1920. The aggregate of cases was 94, and only 4 deaths occurred during the five years, a fatality rate of $4\frac{1}{4}$ per cent. Arrangements for dealing with diphtheria are satisfactory; for instance, anti-toxin is supplied by the Corporation at any hour for the use of medical men practising in the town. There is a well-equipped Borough laboratory in the Public Health Offices where prompt examination of throat specimens

for diphtheria is made. Cases are practically always removed to the Isolation Hospital, contacts are dealt with, and any precautions which seem advisable to prevent the spread of infection are at once adopted. The number of cases in the past three years has been 11, 11, and 14, respectively, and of these many have been traceable to outside infections. One of the factors which have tended to reduce diphtheria has been, in my opinion, the large amount of work done in removing unhealthy conditions of the nose, throat and mouths of school children by removal of tonsils and adenoids, by attention to decayed teeth, and by teaching personal hygiene.

The procedure with regard to "carriers" has been as follows:—if the diphtheria bacillus has been found to persist for more than a few days, the carrier has been persuaded to enter the Isolation Hospital for treatment. Persistent carriers were numerous ten to twelve years ago, but are now rare. They are treated in the hospital by removal of tonsils and adenoids if present, and specimens are examined from time to time for virulence. As soon as virulence departs, the carrier is discharged. No recent instance of the virulent carrier spreading infection has occurred, such as the one mentioned in my 1914 report, in which a woman who was found to be a carrier refused to be isolated, or to have the remaining children protected by the injection of anti-toxin, until four out of five of the children had taken the disease. The remaining child had now been given anti-toxin, and escaped. When a neighbouring cousin's child also developed diphtheria the carrier at last consented to enter the Isolation Hospital, whence she was discharged free from infection after a stay of five weeks. In most cases carriers appear to do no harm, but this case was a striking illustration of the danger which may exist.

**Comparison of the Fatality, Incidence, and Mortality of Diphtheria
in Different Years.**

Year.	Estimated Population.	No. of Cases.	Deaths Registered	Fatality per cent.	Attack- Rate per 1,000 Population	Death- Rate per 1,000 Population	Rainfall in inches.
1890	28,148	20	5	25.0	0.71	0.18	—
1891	27,984	16	4	25.0	0.57	0.14	—
1892	28,345	24	5	20.8	0.85	0.17	—
1893	28,705	41	9	21.9	1.40	0.31	26.05
1894	29,065	40	5	12.5	1.37	0.17	36.58
1895	29,535	44	8	18.2	1.49	0.27	26.69
1896	29,895	67	14	20.9	2.24	0.46	30.07
1897	30,255	117	10	8.5	3.86	0.33	27.65
1898	30,615	278	31	11.2	9.07	1.01	23.39
1899	30,975	120	7	5.8	3.87	0.23	28.10
1900	31,335	82	3	3.6	2.61	0.10	31.28
1901	33,443	31	1	3.2	0.92	0.03	24.84
1902	33,773	23	2	8.7	0.68	0.06	25.19
1903	34,073	9	0	0.0	0.26	0.00	42.41
1904	34,373	12	1	8.3	0.34	0.03	29.32
1905	34,673	17	0	0.0	0.49	0.00	27.05
1906	34,973	10	0	0.0	0.28	0.00	32.74
1907	35,273	27	6	22.2	0.76	0.17	28.55
1908	35,573	29	2	6.9	0.81	0.06	29.53
1909	35,873	11	3	27.3	0.31	0.08	35.14
1910	36,173	15	1	6.6	0.41	0.03	35.14
1911	35,778	69	8	11.6	1.92	0.22	35.19
*1912	36,038	91	10	11.0	2.52	0.28	38.18
1913	36,298	129	4	3.1	3.5	0.11	—
1914	36,460	154	1	0.6	4.2	0.02	30.91
1915	33,430	83	5	6.0	2.5	0.15	35.15
1916	32,316	53	7	13.2	1.6	0.22	35.69
1917	30,751	40	1	2.5	1.3	0.03	31.38
1918	32,297	23	1	4.3	0.8	0.03	28.95
1919	34,423	57	7	12.3	1.6	0.20	29.24
1920	35,795	64	3	4.7	1.8	0.08	25.13
1921	34,270	32	1	3.1	0.9	0.03	16.45
1922	34,360	26	0	0.0	0.8	0.00	30.82
1923	34,370	11	1	9.0	0.3	0.03	32.25
1924	34,330	11	1	9.0	0.3	0.03	36.42
1925	34,080	14	1	7.1	0.4	0.03	32.81

* Since 1912, mild cases diagnosed by bacteriological examination are included, while prior to that year they were unrecognised as cases of diphtheria. The attack-rate per 1,000 population, before 1912, was calculated without the aid of this method of detecting the presence of diphtheria.

Scarlet Fever.—Seventy-two cases occurred in 1925.

In the five years, 365 cases occurred, six or 1.64 per cent. of them being “ return ” cases.

The greatest number of cases, viz.:—174, occurred in 1921 ; in that year in some instances an unusual complication

was noted, viz. :—an attack of jaundice in the seventh or eighth week of the disease, that is, after the patient had been discharged from hospital apparently well. This late complication was presumably infectious, but fortunately no return cases occurred in the five instances in which I was aware of its occurrence.

The type of disease has been mild in this neighbourhood for at least fifteen years. During the last five years no deaths occurred save one from heart disease three months after the original attack of Scarlet Fever.

The Isolation Hospital has been utilised when necessary in dealing with carriers causing return cases of Scarlet Fever, and with carrier cases of Diphtheria.

The Schick test for Diphtheria was done in Barnardo's Home after one or two mild cases of Diphtheria had occurred. The results were carefully watched but the difference between positive and negative reactions was somewhat indeterminate.

The Dick test for Scarlet Fever has not been tried as the dosage which will produce maximum accuracy in results is not yet definitely fixed. Further mass trials in large hospitals will throw more light on the value of this test.

Enteric Fever.—During 1925, three cases were notified, two being Typhoid and one Para-Typhoid. During the five-yearly period, 1921-5, 21 cases in all were notified, of these four were Typhoid, 16 Para-Typhoid Fever and one, a visitor from a London suburb who returned by ambulance to his home on the day of notification, was not investigated in this Borough. Some of the cases were patients in the General Hospital sent there on suspicion of other diseases ; the majority contracted Typhoid whilst elsewhere on holiday and brought the infection with them to the Borough.

Encephalitis Lethargica.—Three cases of this disease were notified, two of whom were adults, one being a visitor at an hotel who was moved by car to his own home in another

district. The second adult was a somewhat doubtful case and was notified five weeks after the commencement of his illness : he made a good recovery. The third case was that of a school boy who had a very mild attack ; he also made a complete recovery. During the five-yearly period, of the 14 cases notified, five belonged to Tunbridge Wells, the remainder being mostly patients sent into the General Hospital. Only one of the Tunbridge Wells patients is left with a certain amount of permanent disability. One death, of an elderly patient notified in 1920, occurred early in 1921 ; no fatalities occurred amongst the cases notified in 1921-25.

Non-notifiable Acute Infectious Diseases.—School intimations of diseases which are not notifiable are very complete, but these refer only to children attending elementary schools. They are of great value in enabling the Health Visitors to discover cases amongst younger children in the homes visited, and to give the necessary advice on their care.

Influenza.—Deaths from this disease in 1925 were 13 in number and the total number of deaths for the five-yearly period was 64. The disease usually prevails in the Spring months, particularly when the season is sunless and damp.

Disinfection and Disinfestation.—Of premises, bedding and clothing is carried out either by or under the supervision of the sanitary staff. One disinfecting chamber is situated near the Public Health Offices and a smaller disinfector is in use at the Isolation Hospital. Formalin, Bacterol, and Sulphur Gas is used according to circumstances. In cases of vermin infestation, disinfection of rooms, bedding and clothing is similarly carried out. There is no public cleansing station in the Borough, but arrangements have been made in the case of verminous families to have them treated at the Union Infirmary, Pembury.

Bedding is disinfected after Enteric Fever and after Cancer cases with discharges, on request. Spring-cleaning, wash-

ing and boiling of bed linen and personal wear and thorough airing of rooms which have been occupied by infected persons are advised. The chief method of spread is by direct contact with the human carrier, and disinfection occupies a less prominent position than it once did, even in diseases such as Scarlet Fever and Diphtheria. The building up of the patient's health in an airy environment such as that of the Borough Isolation Hospital, and attention to unhealthy conditions of the nose and throat or ears, are more likely methods of diminishing spread of infection than routine fumigation of rooms. Small doses of any infection protect an individual by raising his immunity to the disease ; only very small doses of infection are likely to be acquired from the dust of a room which has been occupied by a sufferer from a disease. These remarks apply to the acute infectious diseases, and not to a long lived infection such as that of Tuberculosis. A few infectious diseases are liable to be spread by means of clothing, books, etc. ; the majority do not spread in this way, and each case must be judged on its merits.

Tuberculosis.—Under the **Public Health (Tuberculosis) Regulations, 1924**, it is required that a register be kept of all tuberculous persons in the area, and that it should be brought up to date each quarter when a statement of the number on the register is forwarded to the Health Authority of the Administrative County. The preparation of this register involved a considerable amount of work at the commencement, as numerous persons who had been notified many years before to be suffering from Tuberculosis, had been lost sight of either because they had left the Borough or in some cases owing to death taking place outside the Borough. The first quarterly return was made on 31st March, 1925, the number of cases on the register being then 110 Pulmonary Tuberculosis and 31 Non-pulmonary Tuberculosis. At the close of the year, that is 31st December, 1925, the number was 116 Pulmonary and 36 Non-pulmonary.

The new cases and mortality during the year are set out in the accompanying table.

TUBERCULOSIS.

New Cases and Mortality during 1925.

Age-Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0	—	—	1	—	—	—	1	—
1	—	—	—	—	—	—	—	—
5	—	—	2	1	—	—	—	1
10	—	—	—	4	—	—	1	—
15	—	1	—	—	—	—	—	—
20	5	4	—	—	1	1	—	—
25	2	1	—	1	1	2	—	—
35	—	3	1	1	2	4	1	—
45	4	4	—	—	1	2	—	—
55	3	1	—	—	1	1	—	—
65 & upwards	2	1	—	—	1	—	—	—
Totals ...	16	15	4	7	7	10	3	1

It has not been necessary to take any action under the “Public Health (Prevention of Tuberculosis) Regulations, 1925,” and no action was taken under Section 62 of the “Public Health Act, 1925.”

The death rate from Pulmonary Tuberculosis is 0.5 per thousand population, and from other forms of Tuberculosis is 0.12. A table showing the death rates from 1890 to 1925 grouped in averages over five-yearly periods is attached. Six years are included in one group, to bring the table up to date. This table is of considerable interest, as it shows that a gradual and steady decrease in the death rate from Tuberculosis has occurred. One period is an exception to this statement, namely, the period 1915 to 1920, when conditions of hardship prevailed owing to the war. The figure for the period 1921 to 1925, viz. :—0.84 per thousand, is the lowest death rate recorded from all forms of Tuberculosis ; in that period, 1925 with a death rate 0.62 from all

causes, shows the lowest figure. The death rate is not quite half what it was thirty years ago. At the same time there is much room for further improvement, and continuous effort is required to provide better housing accommodation, regular employment, and to instruct the public in the use of clean healthy food and in taking full advantage of the health-giving properties of sunlight and fresh air. On these lines, with suitable effort, this disease should eventually become a rarity.

Deaths from Tuberculosis During the Last 36 Years.

Year.	Estimated Population.	Phthisis.	Phthisis. Death-rate	Other Forms of Tuberculosis.	Totals.	Tuberculosis Death-rate	Average Tuberculosis Death-rates
1890	28,148	37	1.32	12	49	1.38	1.77
1891	27,984	40	1.43	17	57	2.03	
1892	28,345	30	1.06	18	48	1.69	
1893	28,705	31	1.08	22	53	1.84	
1894	29,065	39	1.34	16	55	1.89	
1895	29,535	34	1.15	30	64	2.16	1.60
1896	29,895	25	0.83	21	46	1.54	
1897	30,255	25	0.82	11	36	1.19	
1898	30,615	21	0.68	20	41	1.35	
1899	30,975	40	1.29	15	55	1.77	
1900	31,335	20	0.63	24	44	0.85	1.24
1901	33,443	35	1.04	15	50	1.49	
1902	33,773	29	0.89	17	46	1.36	
1903	34,073	32	0.93	10	42	1.23	
1904	34,373	36	1.04	8	44	1.28	
1905	34,673	35	1.01	11	46	1.32	1.18
1906	34,973	28	0.80	8	36	1.03	
1907	35,273	35	0.99	8	43	1.22	
1908	35,573	20	0.56	14	34	0.93	
1909	35,873	43	1.19	7	50	1.39	
1910	36,173	28	0.77	11	39	1.08	1.00
1911	35,778	21	0.58	6	27	0.75	
1912	36,038	24	0.66	7	31	0.86	
1913	36,298	32	0.88	14	46	1.26	
1914	36,460	27	0.74	11	38	1.04	
1915	33,430	29	0.87	8	37	1.11	1.23
1916	32, 16	28	0.87	12	40	1.24	
1917	30,751	30	0.97	13	43	1.40	
1918	32,297	36	1.11	17	53	1.64	
1919	34,423	29	0.87	10	39	1.16	
1920	35,795	21	0.59	12	33	0.92	0.84
1921	34,270	25	0.73	7	32	0.93	
1922	34,360	21	0.61	11	32	0.93	
1923	34,370	30	0.88	4	34	0.99	
1924	34,330	19	0.55	6	25	0.73	
1925	34,080	17	0.50	4	21	0.62	

Tuberculosis and Venereal Diseases Schemes.—Arrangements for *treating* tuberculous persons and those suffering from venereal diseases are in the hands of the County Council, which has arranged times for consultations at the Tuberculosis Dispensary, and at the General Hospital respectively.

MATERNITY AND CHILD WELFARE.

The Maternity Home, described on page 29, is a welcome addition to the town's assets in administering the Maternity and Child Welfare Acts. As soon as Tunbridge Wells mothers leave the Maternity Home, they come under the care of the town's Child Welfare Nurses. The Medical Officer of Health who acts as Administrative Officer to the Maternity Home and also as the Medical Officer to the two Child Welfare Centres, is in a position to co-ordinate the work in such a manner as to secure supervision of the mothers and babies from the commencement. The two Child Welfare Centres continue to be largely attended at the weekly meetings, which take place on Wednesday and Thursday afternoons respectively. The figures for attendance are as follows :—

	Rusthall.	Tunbridge Wells.
Infants under 1 year ...	317	1,412
Children 1 to 5 years ...	307	1,054
Expectant Mothers ...	—	54
Mothers ...	496	2,196

Total consultations with Medical Officer, 1,513.

Each year in autumn, a competitive examination has been arranged for the mothers, to whom a set of questions

on mothercraft is given. The sewing of baby garments, cutting down clothing to fit “toddlers” and small children, are subjects for competition. This annual examination has proved a great success and does much to help the popularity of the Child Welfare Centres.

With regard to the actual work at the Centres, voluntary help has been splendidly given, and I take this opportunity of expressing my great appreciation and thanks to these ladies who have devoted so much time and enthusiasm to making the work a success.

The Child Welfare Nurse, who was unaided in home visiting until the 1st of May, 1926, paid visits in 1925 as follows :—

First visits to infants	...	...	...	394
Subsequent visits to infants	...	...	...	573
Visits to children 1 to 5 years	...	...	...	2,038
Visits to expectant mothers	...	...	...	78
Visits where infants have died	...	...	...	10
Visits—found no-one at home	...	...	...	298

A Sub-Committee of the Maternity and Child Welfare Committee dealt with applications for assistance under the Milk (Mothers and Children) Orders, meeting on Monday mornings at the Public Health Offices on 31 occasions. 4,431 pints of fresh milk were granted. The Medical Officer also issued 162 certificates for milk through the Guardians. There were also issued free of cost :—311 lbs. Dried Milk, 45 lbs. Cod Liver Oil and Malt, 21 pots of Virol, and small quantities of some other foods or drugs. In addition 22 tins of Trufood and 2 lbs. of Cod Liver Oil and Malt were sold at half cost.

Puerperal Fever.—One case of Puerperal Fever was notified during 1925. The case was a mild one which made a complete recovery.

Ophthalmia Neonatorum.—It is gratifying to know that no case of Ophthalmia Neonatorum occurred during 1925.

Epidemic Diarrhoea.—Epidemic Diarrhoea was not prevalent ; in all two deaths of infants were registered as being due to Diarrhoea, one of these being in the Spring and one in Summer.

BOROUGH OF ROYAL TUNBRIDGE WELLS.

EDUCATION COMMITTEE :

Mr. Councillor BERWICK (Chairman).

Mr. Alderman ELWIG.
Mr. Alderman SILCOCK.
Mr. Alderman WILLMOT.
Councillor Miss BAKER.
Mr. Councillor GILBERT.
Mr. Councillor MATHER.
Mr. Councillor OATEN.
Councillor Miss POWER.
Mr. Councillor SAUNDERS.
Mr. Councillor SCOTT BLAIR.

Mr. Councillor WESLEY SMITH.
The Rev. Canon A. W. OLIVER,
M.A.
The Rev. T. G. GILLING-LAX,
M.A.
Lady MATTHEWS.
Miss MAUD ROBERTS.
Mr. J. A. PUNTON SMITH, M.B.E.
Mr. C. A. PRESTON, M.A.
Mr. C. H. STRANGE.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT :

Clerk (*part time*) :

F. HICKS.

Junior Clerk (*part time*) :

H. J. BELLINGHAM.

School Nurses (*four-fifths time*) :

Miss F. CLARK.

Miss J. DONALDSON.

School Dental Surgeon :

J. STUART SMITH, L.D.S., R.C.S. ENG.

Ophthalmic Surgeon :

D. DAVIES, M.B., M.R.C.S., L.R.C.P.

Assistant to School Medical Officer (*part time*) :

C. ELLIOTT, M.R.C.S., L.R.C.P.

School Medical Officer :

F. C. LINTON, M.A., M.B., CH.B., D.P.H.

Report to the Education Committee.

BY

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.,

School Medical Officer.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report upon the work of the School Medical Department during the year 1925.

On December 31st, 1925, there were within the area of the Borough no provided schools and 18 non-provided schools, including 25 departments, with recognised accommodation for 5,122 children. The average attendance during the year was 3,185.

During the year a commencement was made with the task of providing suitable education for a greater number of exceptional children.

In addition to the six or seven children—mentally or physically defective—who are being educated in special residential schools, ten of those classed as feeble-minded commenced in the autumn session to attend the special school situated at Tonbridge, run by the Kent Education Committee. Arrangements were made for their daily conveyance by 'bus. This—a temporary arrangement made while the Borough Education Authority considers how it can best carry out the requirements of the Education Act, 1921, with regard to providing for these children—has worked well, and additional places have been taken for the new financial year.

The question of providing an open-air school to meet the needs of the physically defective children is now under serious consideration, and it is hoped that before long this problem will be suitably solved. Meantime, every effort is being made to see that cripples, who form an important branch of the physically defective, receive the necessary treatment (massage, remedial exercises, etc.) to prevent their limbs becoming shrunk, wasted and comparatively useless to them in adult life.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

1. STAFF.

On the first page of this Report are set out the names of the Staff, which, with the exception of the Junior Clerk, remained unchanged during the year 1925.

The terms of Dr. C. Elliott's appointment to assist in the work of the School Medical Inspections were as before, his inspections being limited to not more than 1,000 children per annum.

2. CO-ORDINATION.

(a.) **Infant and Child Welfare.**—The School Medical Officer is also the Medical Officer responsible for Child Welfare under the Maternity and Child Welfare Act. The Maternity and Child Welfare Nurse and the two School Nurses are under the School Medical Officer's direct control, and co-ordination of the work is therefore complete.

(b.) **Nursery Schools.**—There are no Nursery Schools in the Borough.

(c.) **The Care of Debilitated Children under School Age.**—Debilitated children under school age were assisted under the Milk (Mothers' and Children's) Rescission Order, 1921, either by supplying milk or supplying Cod Liver Oil and Malt free, or at cost price, according to circumstances; also by giving certificates for relief from the Guardians where medical grounds necessitated additional nourishment: 162 such certificates were given by me during the year.

When a child either of school age or under is found by the Corporation Medical Staff to require a change of air, suitable arrangements are made in one of the following ways:—(i.) The parents may be able to take the child to the seaside or to send him to relatives at the seaside or in the country. (ii.) Where such facilities do not exist, the case is referred to the Invalid Children's Aid Branch of the Charity Organisation Society which makes the necessary arrangements with Convalescent Homes.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

3. SCHOOL HYGIENE.

Many of our Borough Schools are buildings which have outlived their usefulness in that they are not at all adapted to modern ideas of what School buildings should be. Some are poorly lighted, some have no suitable playground accommodation ; Cloakroom accommodation is nearly always inadequate and there are no suitable screens on which to hang the children's clothes so as to allow a free circulation of air to dry and ventilate them ; nor is there any means of heating the cloakrooms. In most of the Schools children who attend School on a wet morning must retain wet clothes and boots for the day, as there is no means of drying available. The question of establishing a larger central School to replace some of the most defective of the buildings now in use, should be kept well in mind, and should be carefully considered before another year's estimates are made. An airy building constructed on modern lines would prove a valuable economy in health as well as in other respects.

The cleanliness of School classrooms and of premises is sometimes insufficiently attended to. If the Managers of the various Schools will make a special point of investigating cleanliness on their inspections during the coming year, this will have a salutary effect on the cleansing activities of the caretakers, and will thus tend to prevent the rapid spread of colds and other ailments whose infecting agents are contained in the dust of crowded classrooms.

4. MEDICAL INSPECTIONS.

Three age groups were inspected, viz. :—Entrants, Intermediates (8 to 9 years of age), and Leavers (12 years of age and upwards). The total number of Routine Inspections was 1,185. (See Table I. at end of Report.) In addition, 272 children were medically re-inspected in the Schools. At the School Medical Centre, 955 special inspections and 516

re-inspections took place. The total number of inspections was therefore 2,928.

The Board's Schedule of Medical Inspection was completely followed, with the exception that a number of children of the intermediate group were not inspected until they had passed their ninth birthday. This was partly due to the fact that there are so many small departments in Tunbridge Wells Schools that a sufficient number for medical inspection does not mature for a long interval, and partly due to confusion in the minds of one or two Infant School Head Teachers about the age for a second Medical Inspection. This has now been put right, and it is anticipated that, in future, few or none of the intermediate group of scholars will have passed their ninth birthdays prior to their second routine inspection.

School inspections were held in the afternoons, arrangements being made for the inspection of 25 children at each session. The parents are invariably notified before an inspection and their presence is requested.

5. FINDINGS OF MEDICAL INSPECTIONS.

(a.) **Uncleanliness.**—Miss Clark and Miss Donaldson have again given careful attention to the campaign for greater cleanliness in the Schools and the improvement which has shown itself in the past has been more than maintained, as the percentage of nits or vermin found in 1925 (6.5) is the lowest recorded, and is less than half that of 1922, viz., 14.7. This excellent achievement is one for which the School Nurses deserve every credit, and I cannot let the occasion pass without also thanking the Head Teachers for their keenness in assisting to get this unnecessary pest cleared out of the Schools.

The total number of inspections for the presence of vermin was 10,211. Every child was, on the average, inspected thrice during the School year, that is, once in each session, in accordance with the Board of Education's requirements. Of this total, 686 were re-inspections, made at School and

175 re-inspections made at the School Medical Centre. The School Nurses selected 38 cases in which the parents for one reason or another found difficulty in clearing the children's heads from nits, and treated them with a special nit comb at the School Medical Centre, the Nurse spending on the average an hour over each case, continuing until the last nit was removed from the hair.

The following Table records the work done by the School Nurses at the routine head inspections, and the conditions found :—

INSPECTIONS OF HEADS FOR YEAR 1925.

SCHOOL.	No. of Heads inspected.	No. in whom Nits only were found.	No. in whom Vermin found (head or body).	Percentage of Nits or Vermin found, 1925.	Percentage of Nits or Vermin found, 1924.	Percentage of Nits or Vermin found, 1923.	Percentage of Nits or Vermin found, 1922.
St. James', Boys ...	506	3	0	0.6	1.3	2.1	5.2
„ Girls ...	592	11	8	3.2	4.4	8.9	8.6
„ Infants ...	600	7	7	2.3	3.1	5.3	5.8
St. Barnabas', Boys ...	195	4	2	3.1	7.1	10.6	19.5
„ Girls ...	276	52	12	23.2	19.1	19.2	23.2
„ Infants ...	242	26	5	12.8	16.3	13.4	14.4
St. John's, Boys ...	357	5	1	1.7	2.9	5.3	7.0
„ Girls ...	311	25	13	12.2	11.9	19.9	25.9
Down Lane ...	338	10	6	4.7	4.0	6.5	8.9
St. Luke's ...	167	15	4	11.4	12.4	16.2	20.6
St. Augustine's ...	326	40	8	14.7	17.5	23.9	31.3
Grosvenor ...	468	7	0	1.5	3.5	2.9	4.7
Royal Victoria ...	487	8	1	1.8	4.7	5.0	7.7
Basinghall ...	370	26	3	7.8	7.2	12.6	15.6
Holy Trinity ...	545	82	5	16.0	16.3	17.4	24.9
St. Peter's, Boys ...	331	10	6	4.8	3.0	5.0	15.6
„ Girls ...	261	32	5	14.2	13.9	17.2	24.9
„ Infants ...	163	10	4	8.6	8.5	9.9	28.8
Rusthall, Boys ...	544	16	1	3.1	4.6	6.3	10.9
„ Girls ...	456	35	4	8.6	10.9	13.1	28.0
„ Infants ...	274	11	4	5.5	6.0	12.4	13.8
Murray House ...	573	23	1	4.2	3.9	4.1	4.7
King Charles' ...	610	3	1	0.7	1.3	0.7	1.3
Christ Church ...	192	25	2	14.1	12.2	18.7	34.2
St. Mark's, Mixed ...	152	15	0	9.8	12.9	8.4	19.3
„ Infants ...	—	—	—	—	10.3	18.7	15.8
Delicate Class ...	14	0	0	0.0	10.0	—	—
TOTALS ...	9,350	501	103	6.5	7.1	9.5	14.7

The varying percentages in different Schools depend chiefly upon the class of child attending the School, but also upon the keenness of the Head Teacher in keeping a sharp outlook. Those who see a reduced or a vanishing amount of infestation in their Schools must find this a fitting encouragement and reward for the time and trouble spent in detecting and dealing with this unnecessary evil.

It should be noted that the number of children inspected has somewhat increased, but the number in whom live vermin were found has diminished from 120 to 103. If a similar reduction could be made each year this nuisance would disappear from our Schools in a few years' time.

The method employed in notifying parents of the detection of vermin or their eggs has been fully detailed in the Annual Reports for 1923 and 1924. Where live vermin are discovered, children are excluded from School for a week, and every effort is made to advise and aid the parents in getting the child thoroughly clear of the trouble.

Under the School Attendance Bye-laws, five prosecutions were undertaken in cases where parents proved obdurate to all advice and had left their children in a verminous or nitty condition. In each case I attended the Court as School Medical Officer, to give the necessary evidence. Fines were imposed as follows:—In two cases £1, in three cases ten shillings.

(b.) **Minor Ailments.**—Under this heading, which includes cuts, abrasions, (e.) skin disease and (f.) external eye disease, 241 cases were seen during the year; of these, 103 were cases of skin disease and 28 were cases of external eye disease.

(c.) **Tonsils and Adenoids.**—Three hundred and nineteen children were noted as having enlarged tonsils; 39 others had adenoid growths and 122 had enlargement of tonsils and adenoids, while 25 suffered from other conditions of the nose and throat. These large figures point to the continuance of

unhealthy factors in the lives of the children tending to produce re-action and overgrowth of tissues normally small, in an attempt to deal with attacking poisons. I am of opinion that more fresh air and less dust both in the homes and in the School buildings, will go far towards diminishing the overgrowth of tissue in the breathing passages.

(*d.*) **Tuberculosis.** Seven cases of tuberculosis were found amongst the children inspected, and of these one was a case of tuberculosis of the lungs. In addition, 3 suspected cases of pulmonary tuberculosis were seen.

(*g.*) **Vision.**—One hundred and ten cases of defective vision and 13 cases of squint were detected, all being referred to the Ophthalmic Surgeon for the necessary treatment.

(*h.*) **Ear Disease and Hearing.**—Defective hearing was noted in 16 cases, disease of the middle ear in 33, and other diseases in 24 cases.

(*i.*) **Dental Defects.**—Seven hundred and seventy-four children were noted to be suffering from dental diseases. A few of the most urgent of these were referred directly to the School Dental Surgeon, most of whose patients are selected by himself at the School Dental Inspections for treatment. Many others were advised to have dental treatment elsewhere, facilities for such treatment being explained to the parents. At Routine Medical Inspections 753 out of 1,185 children inspected had defective teeth, a percentage of 64.

(*j.*) **Crippling Defects.**—Thirty-three children were found to be suffering from crippling defects. At the end of the year two of these were being educated at Certified Residential Schools and 24 attended ordinary Schools. Three were attending a small voluntary class held by Miss Tritton for delicate children and 4 were at no School or institution.

6. INFECTIOUS DISEASE.

Under Article 57 of the Code, closure of all Schools was arranged for from 23rd to 26th January inclusive, owing to a

brisk epidemic of catarrhal fever which spread with great rapidity among the children in the Elementary Schools. One other closure, viz. : one class of St. James' Girls' School, was arranged from the 10th to 16th March inclusive, on account of the occurrence of a first case of measles.

Action taken under 53 (b) of the Code.—Apart from the catarrhal fever outbreak, there was no serious incidence of infectious disease during the year amongst the School children of Tunbridge Wells. The number of cases of scarlet fever amongst the children attending the public Elementary Schools are set out below :—

Scarlet Fever.			Enteric Fever.			Diphtheria.			German Measles.		Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Boys.	Girls.	Deaths.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
21	21	1*	—	—	—	2	3	1	14	24	15	50	—	20	13	67	72	123	103

* This death was that of a girl who had had Scarlet Fever, and died subsequently of Heart Disease arising during the infection.

One thousand, one hundred and seventy notices were sent from this department to the Head Teachers of Schools, excluding children under Article 53 (b) and an equal number of freeing notices were sent in due course.

7. FOLLOWING UP.

The following up of children suffering from physical defects is undertaken by the two School Nurses so far as home visiting is concerned, and by the School Medical Officer at the School Clinic, where the children frequently come for re-inspection. The School Nurses' work in 1925, included the following :—

Visits to Houses where the following Diseases have occurred.				1st Visits.	2nd Visits.	TOTAL.
Scarlet Fever	...	...	...	3	1	4
Diphtheria	...	...	...	2	—	2
Measles	...	...	...	54	25	79
German Measles	...	...	...	50	34	84
Mumps	...	...	...	208	112	320
Whooping Cough	...	...	...	30	18	48
Chicken Pox	...	...	...	187	118	305
Sore Throat	...	...	...	57	1	58
Ringworm (scalp)	...	...	...	3	—	3
„ (body)	...	...	...	1	1	2
Verminous Heads	...	...	...	81	18	99
Verminous Bodies	...	...	...	3	—	3
Impetigo Contagiosa	...	...	...	29	—	29
Scabies	...	...	...	1	2	3
Infectious Eye Disease	...	...	...	—	—	—
Other Diseases	...	...	...	482	25	507
Totals	...	...	...	1191	355	1546

Visits paid to Elementary Schools for Medical Inspections	...	57
Number of Children prepared for Medical Inspections	...	1458
Number of Children prepared for Dental Inspection	...	1016
Visits paid to Elementary Schools for Dental Inspections	...	18
Other Visits to Elementary Schools	...	91
„ „ „ „ for Head Inspections	...	110
Home Visits arising out of Medical Inspections and for other information	...	2562
Cultures taken	...	37
Number of Heads Inspected	...	10211
„ „ found with Nits only	...	501
„ „ „ „ Vermin	...	100
Number of Children found with Body Vermin	...	3

8. MEDICAL TREATMENT.

(a.) **Minor Ailments.**—One hundred and fifty-seven cases of minor ailments amongst the School children were treated during 1925 ; of these, 127 were treated at the School Medical Centre, making 1,023 attendances ; the remaining 30 were treated elsewhere. More children suffering from minor ailments attended at the School Medical Centre than in 1924, but fewer attendances were required, as there was for part of the year a complete absence of ringworm of the scalp, a condition which is tedious of cure and requires prolonged daily treatment.

(b.) **Tonsils and Adenoids.**—One hundred and four children suffering from enlarged tonsils or adenoid growths

or both, received operative treatment ; 52 of these operations were performed under the Local Education Authority's arrangements with the hospitals. The average sum paid for these operations by the parents was ten shillings. The total number recommended for treatment was 205, 55 per cent. were actually treated, 104 by operation, and 8 by other forms of treatment. The percentage treated in 1924 was the same, viz., 55 per cent.

I am of opinion that the large number of children who now have their noses and throats freed from unhealthy conditions is a valuable factor in reducing the incidence of infectious disease. It is also bound to diminish the number and severity of catarrhal infections which sweep through the Schools during the wetter months.

The incidence of diphtheria continued low in 1925 as in the two previous years ; diphtheria carriers are rarer than they were in the past.

(c.) **Tuberculosis.**—A number of children were referred to the Tuberculosis Officer and of these one was notified as suffering from *Tabes Mesenterica*, a form of glandular tuberculosis. In addition, one case of tuberculosis of the hip joint was sent from the School Medical Centre to the General Hospital for confirmation of the diagnosis by X-ray examination. This boy has since been sent by the Education Committee to the Treloar Hospital at Alton, Hants, where his education and treatment for the condition are being undertaken at the same time. Two other children seen at the School Clinic have been notified during the year, one having tuberculous glands of the neck, the other *Tabes Mesenterica*.

(d.) **Skin Disease.**—One hundred and three cases of disease of the skin were found at Routine and Special Inspections as compared with 105 in 1924. Ninety of these are classed as requiring treatment, 56 being treated at the Clinic and 16 being known to have had treatment elsewhere.

(e.) **External Eye Disease.**—Twenty-eight cases as compared with 27 in 1924, were detected, and of the 21 recommended treatment, 16 were treated at the School Clinic, being referred to the Ophthalmic Surgeon if necessary.

(f.) **Vision.**—One hundred and ten defects of vision and 13 cases of squint were found in the course of inspections. One hundred and seventeen of these were referred to the Ophthalmic Surgeon, from whom they received suitable treatment.

(g.) **Ear Disease and Hearing.**—Treatment was obtained in a number of cases at the Eye and Ear Hospital, children being referred with a personal note to the Aural Surgeon. Minor defects, such as wax in the ear, conditions of the external channel, were treated at the School Clinic. Children with a marked degree of deafness were also referred to the Aural Surgeon at the Eye and Ear Hospital.

The total number of cases suffering from defective hearing, diseases of the middle ear or other diseases of the ear was 73.

(h.) **Dental Defects.**—The School Dental Surgeon, Mr. Stuart Smith, devoted 18 half-days to inspections in the Schools, and 104 half-days to treatment at the Centre. The total number of children inspected was 1,427, of whom 81 per cent. were found to require treatment. Six hundred and ninety were actually treated as compared with 653 the previous year. It is still difficult to persuade some parents whose children are not actually suffering from toothache that commencing decay needs attention, but it is hoped by suitable propaganda work that the number of such parents will gradually diminish. Fees charged for treatment at the Clinic are one shilling for gas administration and sixpence per child treated. The aim of the Dental Surgeon's work is to save teeth wherever possible, thus according with the aim of the Board of Education.

In 1922, with a view to encouraging tooth cleansing

amongst School children, a number of tooth brushes and suitable tooth pastes were purchased out of voluntary funds, and were sold to School children applying for them at the School Medical Centre, or, in some instances, through the Head Teachers. The sale of these brushes and tooth pastes has been continued, and is helping materially to bring about an increased interest in oral hygiene. The brushes are sold at sixpence each, 133 being purchased by the children during 1925. 231 boxes or tubes of tooth paste have also been sold at a price of one penny each.

The details of the Dental Surgeon's work are given in Table IV., Group IV.

(i.) **Crippling Defects and Orthopædics.**—Treatment of crippling defects is not as complete as it might be. The Local Education Authority has lately interested itself in the matter of improving the facilities for such treatment and,—in addition to sending two children suffering from crippling defects other than tuberculosis, to the Heritage Craft Schools at Chailey, Sussex, where their education and treatment continue simultaneously,—it has approached the General Hospital, which has a well-equipped orthopædic centre. The Hospital Committee is taking steps to employ an Orthopædic Surgeon to direct treatment for children who are able to attend school and to attend the remedial exercises class at the hospital. Such children form the bulk of the cripples in the Borough, whose number is nearly one per thousand of population. Some of the children already attend the remedial exercises class at the hospital and it is hoped that later more definite arrangements may be made, whereby all who require such attention can be persuaded to take full advantage of the facilities offered.

9. OPEN-AIR EDUCATION.

The Borough Education Committee has at present no facilities for open-air education under its control. By the

kindness of a lady in the borough and her friends, a small open-air class for delicate children excluded from ordinary school attendance on account of ill-health is provided in a special hut in the garden of a private house. A teacher is employed and the children attend from ten o'clock till 12.15 o'clock daily, to the number of a dozen or so. The class is not recognised by the Board of Education as it is not possible to provide the facilities asked for before a grant can be obtained. The class has now been held for three years and it is hoped that the Local Authority may soon be able to provide a suitable site and accommodation for the open-air treatment of all the children in the Borough who require special care. It is estimated that the average number of such children is between 30 and 40.

10. PHYSICAL TRAINING.

There is no specially appointed Director of Physical Training in Tunbridge Wells, and it is left to the Head Teachers to organise this branch of education to the best of their ability. So far, owing to the lack of any organised physical training arrangements, the work has not been closely associated with the School Medical Service. In every case in which a child's health is such as to impede or prevent his undertaking drill or severe physical exercises, notice to this effect is given to the Head Teacher at the time of inspection.

11. PROVISION OF MEALS.

No action was taken under the Education Authority in this respect, but suitable extra nourishment is provided in cases of malnutrition by supplying milk in school or by other methods; payment for the nourishment provided is made either by funds at the disposal of the Managers Committee or from a voluntary fund raised by the School Medical Staff. It has always been found possible to obtain the additional nourishment by one or other means when required.

12. SCHOOL BATHS.

The following are the arrangements made by the Baths Committee for School children at the Tunbridge Wells Corporation Baths and at the Open-Air Baths during the summer months :—

OPEN-AIR BATH.—The Baths Committee of the Town Council provide for instruction in swimming to scholars from Elementary Schools in the Borough attending the Open-Air Bath during School hours.

Scholars (in charge of a Teacher and bringing their own towels) are admitted to the Bath free of charge to themselves ; the Elementary School Teachers accompanying the scholars are also admitted.

The Borough Education Committee makes a payment to the Baths Committee at the rate of 10s. per week for the services of a swimming instructor, and a payment of $\frac{1}{2}$ d. in respect of each scholar admitted to the Open-Air Bath during School hours. 1,746 attendances were made.

INDOOR SWIMMING BATH.—Scholars from the Elementary Schools in the Borough, in charge of a Teacher and bringing their own towel, are admitted to the Indoor Baths during School hours on any week-day except Monday, upon payment by the Education Committee of a charge of one penny per scholar. This arrangement came into force at the end of 1922, and is an improvement upon the former arrangements under which a small charge was made to each scholar ; 8,587 attendances were made by School children for swimming instruction during the year ending 30th September, 1925, as compared with 7,075 in 1924.

13. CO-OPERATION OF PARENTS.

Postcards are prepared in the Health Offices and are sent to the Head Teacher prior to the holding of a Medical Inspection, for address and distribution to the parents, requesting their attendance. The percentage of parents

attending at the inspections shows a slight increase and was as follows :—81 per cent. attended at the inspections of infants ; 51 per cent. at the inspections of senior boys ; and 71 per cent. at the inspections of senior girls.

14. CO-OPERATION OF TEACHERS.

(i.) **MEDICAL INSPECTION.**—The Head Teacher is present at Medical Inspections and is informed of all cases in which special care is required on account of the child's physical condition.

(ii.) **FOLLOWING-UP.**—The Head Teachers keep in touch with the School Nurses and frequently add their advice and counsel to the parents in the matter of obtaining treatment where defects call for it.

(iii.) **MEDICAL TREATMENT OF THE CHILDREN.**—The Head Teachers are all informed of the advisability of sending any child who appears to be below his usual state of health to the School Medical Centre in cases where the child is not already receiving private medical attention. The power to send children to the Centre is vested in the School Medical Staff, Head Teachers, School Attendance Officer, or parents. In order to facilitate the recording of school attendances a card is issued to allow of the time spent at the medical treatment centre to be recorded for school attendance purposes. This arrangement is much appreciated by the teachers, as it dispenses with loss of attendance marks on such occasion.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICER.

The School Attendance Officer whose office is situated at the Town Hall, keeps in constant touch with the School Medical Department and co-operation is cordial and complete.

16. CO-OPERATION OF VOLUNTARY BODIES.

(i.) No call is made upon voluntary bodies in connection with the work of medical inspection.

(ii.) In following-up mentally defective children, the Kent Voluntary Association for Mental Welfare does useful work and it has also established an occupation centre meeting in St. Barnabas' Hall, in which children of the imbecile class or a few low-grade feeble-minded children are taught some handwork and otherwise occupied.

(iii.) The Invalid Children's Aid Branch of the Charity Organisation Society is always appealed to when it is desired to get a child to a Convalescent Home and the arrangements are made by the Secretary of the I.C.A. This has been of great help in the medical treatment of invalid children, and I am glad to have this opportunity of acknowledging my indebtedness to the Society for this work. The Surgical Aid Society provides letters,—each of the value of five shillings,—in all cases where glasses have been recommended to children whose parents have been found on investigation to require such assistance. In 13 out of 57 cases assistance was given in 1925.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These children come to notice through the Health Visitors and School Teachers and also through the Maternity and Child Welfare Centres. No special Schools for such children exist in the Tunbridge Wells area, but under arrangements made by the Education Committee the following children have been dealt with :—

(a.) BLIND.—One girl is an inmate of a certified School for the blind at Brighton. Eleven other children who are suffering from marked short-sightedness are attending ordinary elementary Schools.

(b.) DEAF.—One child who is too deaf to benefit from ordinary elementary School training is an inmate of a certified School for the deaf in Brighton.

One totally deaf child is attending no School until she

reaches the age at which she can be sent to an institution for special instruction. There are also 13 partially deaf children attending ordinary School all of whom have been or are receiving treatment at the Eye and Ear Hospital.

(c). MENTALLY DEFECTIVE.—Twenty examinations of fresh children presented for mental defects were made during 1925, the children being classed as follows:—Eight feeble-minded within the meaning of the M.D. Acts, one an idiot and also paralysed, and the remaining 11 dull or backward. In addition, seven children previously inspected and found to be mentally deficient, were re-inspected in 1925.

Five children, two boys and three girls, certified as feeble-minded, were, on 31st December, 1925, residents of institutions for training the mentally deficient. Two of the girls were Board of Guardians' cases, and the Board of Guardians have taken over the responsibility for their training; the remaining three children are being trained under the auspices of the Local Education Authority. One child was notified to the Local Control Authority as imbecile or idiot during the year.

The question of sending some of the feeble-minded children as daily pupils to the Special School for their training situate at Tonbridge, $4\frac{1}{2}$ miles from Tunbridge Wells, was carefully considered, and arrangements were completed during the year with the Kent Education Committee for ten feeble-minded children to be received at the Tonbridge Special School as pupils.

The children attended during the autumn session and travelled daily by 'bus. The arrangements proved satisfactory and an increased number of places has been taken for the forthcoming financial year. Besides the ten feeble-minded children attending the Special School, eight children are attending ordinary School in Tunbridge Wells. Two very low-grade feeble-minded children are at no School, but attend the Occupation Centre previously mentioned, carried

on by the Kent Voluntary Association for Mental Welfare, which has changed its meeting place from Victoria Road to St. Barnabas' Church Hall.

(*d.*) EPILEPTIC.—Four cases of epilepsy, none severe, were attending the Public Elementary Schools.

(*e.*) PHYSICALLY DEFECTIVE.—Under this heading, at the end of the year were classed 100 children (see Table III.) Of these, 63 were attending Public Elementary Schools; one was being educated at the Treloar Hospital School at Alton, Hants, under the Local Education Authority's arrangements; two were being educated at the Certified Residential School at Chailey, Sussex; of nine who suffered from Pulmonary or Glandular Tuberculosis, four attended school, and one was resident in another institution. Sixteen children were attending the open-air class held in the hut in Miss Tritton's garden in Queen's Road and 12 other physically defective children were not attending any School or institution.

18. NURSERY ; 19. SECONDARY ; AND 20. CONTINUATION SCHOOLS.

There are no Nursery Schools in the Borough and the arrangements for Medical Service in the Secondary and Continuation Schools are undertaken by the County Council.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Employment of elementary School children is not of considerable extent and takes the shape of doing paper rounds, occasionally errand rounds on Saturdays, and acting as houseboys in a few instances. During 1925, 102 certificates were granted to fresh children.

The physical condition of the children applying for employment has been good, and in only nine instances has a certificate been refused on medical grounds to applicants.

22. ENLARGEMENT OF THYROID GLAND.

Below is the completed table of children over 12 years of age in the Public Elementary Schools, examined for enlargement of Thyroid Gland. Of the numbers given in the table, 585 were examined in 1924, the remainder in 1925.

Sex.		Number examined.	Slightly enlarged.	Moderately enlarged.	Excessively enlarged.
Female	...	514	60	28	2
Male	...	461	32	5	—
Total	...	975	101	33	2

23. STATISTICAL TABLES.

The four Statistical Tables required by the Board of Education are appended, and these give detailed information of the work done in the various branches of the School Medical Service.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1925.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treat- ment.	Requiring to be kept under ob- servation, but <i>not</i> requiring Treatment	Requiring Treat- ment.	Requiring to be kept under ob- servation, but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	39	10	1
Uncleanliness : (See Table IV., Group V.)	—	—	—	—
Skin—				
Ringworm—Scalp	—	—	4	—
Body	—	1	3	—
Scabies	—	1	5	—
Impetigo	2	4	32	1
Other Diseases (Non-Tuberculous)	—	—	44	6
Eye—				
Blepharitis	1	6	5	—
Conjunctivitis	—	—	5	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	1	—
Defective Vision (excluding Squint)	95	4	11	—
Squint	5	2	6	—
Other Conditions	1	1	8	—
Ear—				
Defective Hearing	1	9	4	2
Otitis Media	4	19	10	—
Other Ear Diseases	2	18	4	—
Nose and Throat—				
Enlarged Tonsils only	69	226	19	5
Adenoids only	7	19	3	—
Enlarged Tonsils and Adenoids	72	34	17	1
Other Conditions	4	6	12	3
Enlarged Cervical Glands (Non-Tuberculous)	—	180	6	2
Defective Speech	—	—	2	—
Teeth—Dental Diseases	105	648	21	—
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease—Organic	1	4	—	2
Functional	1	58	—	1
Anæmia	—	14	1	—
Lungs—				
Bronchitis	3	8	10	3
Other Non-Tuberculous Diseases	—	6	—	—
Tuberculosis—				
Pulmonary—Definite	—	—	1	—
Suspected	—	—	2	1
Non-Pulmonary—Glands	1	4	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	1	—
Nervous System—				
Epilepsy	—	—	1	—
Chorea	—	1	4	—
Other Conditions	—	16	4	3
Deformities—				
Rickets	—	5	—	—
Spinal Curvature	—	9	2	—
Other Forms	—	8	—	1
Other Defects and Diseases	18	65	120	21

TABLE II.—continued.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES)

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS:—			
Entrants	435	121	27.8
Intermediates	222	72	32.4
Leavers	322	97	30.1
Total (Code Groups)	979	290	29.6
Other Routine Inspections	206	72	35.0

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

—	—	—	Boys	Girls.	Total.
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	—	1	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools	3	7	10
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	1	—	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	7	6	13
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DE- FECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	2	3	5
		Attending Public Elementary Schools	3	5	8
		At other Institutions	10	3	13
		At no School or Institution ...	—	—	—
	Notified to the Local Control Authority <i>during the year</i> .	Feeble-minded	—	—	—
		Imbeciles	—	—	—
		Idiots	1	—	1

TABLE III.—continued.

—	—	—	Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	1	3	4
		At no School or Institution ...	—	—	—
	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	1	2
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools...	3	1	4
		At other Institutions ...	1	2	3
		At no School or Institution ...	—	—	—
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	22	12	34
		At other Institutions ...	9	5	14*
		At no School or Institution ...	—	1	1
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	1	—	1
		At Public Elementary Schools ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	5	7
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	1	1	2
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	11	13	24
		At other Institutions ...	1	2	3
		At no School or Institution ...	3	1	4

* At an Open-Air Class, meeting in hut in private garden ; teaching voluntarily arranged by owner of the house and garden.

There is another boy who is not entered in the above classes as he is dumb, blind, and is also a low-grade mental defective. He is not suitable for training in blind or dumb institutions, as not much improvement could be hoped for.

TABLE IV.
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1925.
TREATMENT TABLE.
GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
<i>Skin—</i>			
Ringworm-Scalp	6	—	6
Ringworm-Body	2	—	2
Scabies	—	6	6
Impetigo	34	2	36
Other skin disease	14	8	22
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	16	—	16
Minor Ear Defects	7	4	11
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	48	10	58
Total	127	30	157

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			Total.
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	
Errors of Refraction (including Squint) Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	216	—	—	216
	28	—	—	28
	244	—	—	244

Total number of children for whom spectacles were prescribed—	69	69
(a) Under the Authority's Scheme	...	...
(b) Otherwise	...	—
Total number of children who obtained or received spectacles—	57	13
(a) Under the Authority's Scheme	...	44
(b) Otherwise	...	...

TABLE IV.—continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
52	52	104	8	112

TABLE IV.—continued.

GROUP IV.—DENTAL DEFECTS.

1) Number of Children who were :—		(2) Half-days devoted to :—			
(a) Inspected by the Dentist :		Inspection	
Aged :		Treatment	
Routine Age Groups—5		Total		...	
6	18
7	104
8	122
9	1210
10	532
11	541
12	1073
13	114
14	900
Total	1014
Specials	97
Grand Total	38
(b) Found to require treatment	87
(c) Actually treated	125
(d) Re-treated during the year as the result of periodical examination

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses	...	...	4.4
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	10,036
(iii.)	Number of individual children found unclean	...	...	121
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	38
(v.)	Number of cases in which legal proceedings were taken :—	...	...	0
	(a) Under the Education Act, 1921	...	...	5
	(b) Under School Attendance Bye-Laws	...	...	...

Number of Children Medically Inspected at each School.

SCHOOL.	GRADE.	BOYS.	GIRLS.
Basinghall	Infants ...	51	30
Rusthall	"	11	15
"	Boys ...	66	—
"	Girls ...	—	93
St. Mark's	Mixed ...	12	7
Christ Church	"	12	13
Murray House	"	16	80
King Charles	Boys ...	51	—
Royal Victoria	"	74	—
Holy Trinity	Girls ...	—	53
St. Peter's	Boys ...	14	—
"	Girls ...	—	39
"	Infants ...	—	21
St. James'	Boys ...	27	—
"	Girls ...	—	25
"	Infants ...	42	54
St. John's	Boys ...	38	—
"	Girls ...	—	24
Down Lane	Infants ...	27	27
Grosvenor	Mixed ...	17	17
St. Augustine's	"	—	—
St. Barnabas'	Boys ...	25	—
"	Girls ...	—	45
"	Infants ...	33	41
St. Luke's	"	52	33
		568	617

Total 1185

RE-INSPECTIONS—

Worse ... 22

Improved ... 78

Stationary ... 75

Cured ... 91

Re-examined for
Employment 6

— 272

TOTAL 1457

